

**STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
SUBSTANCE ABUSE AND MENTAL HEALTH**



**REQUEST FOR PROPOSALS
BEHAVIORAL HEALTH STATEWIDE MESSAGING CAMPAIGN**

RFP#07HGN1

Release Date: JULY 20, 2020

COMMODITY CODES:
82101800 ADVERTISING AGENCY SERVICES
82101802 ADVERTISING PRODUCTION SERVICE
82101900 MEDIA PLACEMENT AND FULFILLMENT

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SECTION 1. INTRODUCTION

1.1 Introduction to the Procurement

The Department of Children and Families (Department), Office of Substance Abuse and Mental Health (SAMH), is seeking proposals from public relations firms, marketing firms, or other media services organizations to develop and implement a statewide messaging campaign as a component of the Department's behavioral health response to COVID-19. These services will be provided in collaboration with the Department's 2-1-1 network providers. The campaign's primary goals are to assist Floridians coping with increased stress and anxiety due to the pandemic, and to promote awareness of and access to 2-1-1 network services.

The Department anticipates implementing a statewide FEMA Crisis Counseling Program (CCP) under a Presidential Major Disaster Declaration in response to the ongoing pandemic. The CCP's purpose is to provide brief, non-clinical psychoeducational supports, resource linkage to address tangible needs, and referrals to established behavioral health providers if assessment and treatment needs are indicated.

Any person interested in participating must comply with the terms of this solicitation.

1.2 Term of the Agreement

The anticipated start date of the resulting contract is August 2020. The anticipated duration of the contract is **nine** months. Renewal, if any, shall comply with s. 287.057(13), Florida Statutes (F.S.).

1.3 Contact Person and Procurement Officer

The sole contact point for communication (which will only be accepted in writing) regarding this solicitation is:

Michele Staffieri, Procurement Officer

The only permitted means of contact:

By Email: Michele.staffieri@myffamilies.com

1.4 Official Notices

All notices, decisions, intended decisions, addenda (including Notices of Intent to Award), and other matters relating to this solicitation will be posted on the Department of Management Services (DMS) Vendor Bid System (VBS) located at:

<http://vbs.dms.state.fl.us/>

It is the responsibility of vendors to check the VBS for addenda, notices of decisions and other information or clarifications to this solicitation. Posting on the VBS is the only official notice for determinations of timeliness of protests (see 1.5).

1.5 Protests

Any protest concerning this solicitation shall be made in accordance with sections 120.57(3) and 287.042(2), F.S., and Rule Chapter 28-110, Florida Administrative Code (F.A.C.).

Failure to file a protest within the time prescribed in section 120.57(3), F.S., or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, F.S.

Notices of Protest must be filed with the Clerk of Agency Proceedings (Agency.Clerk@myffamilies.com).

SECTION 2. SOLICITATION PROCESS

2.1 General Overview of the Process

Proposals from responsible and responsive vendors are eligible for evaluation. By submitting a proposal, the vendor agrees to each of the certifications listed in this solicitation unless otherwise indicated.

The Department may request vendor presentations.

2.2 Limitations on Contacting Department Personnel and Others

Vendors to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state-approved holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a proposal.

2.3 Timeline

Activity	Date	Time Eastern	Address	Section Reference
Solicitation advertised and released on VBS:	July 20, 2020	3:00 pm	VBS Electronic Posting site: http://myflorida.com/apps/vbs/vbs_main_menu	1.4
*Pre-solicitation Conference to be held (optional):	July 28, 2020	10:00 am	Conference Line: 1-888-585-9008 Conference Room: 890-576-349	2.5
Written questions must be received by:	July 30, 2020	2:00 pm	See Section 1.3	2.6
Department's response to questions:	July 31, 2020	2:00 pm	VBS Electronic Posting site: http://myflorida.com/apps/vbs/vbs_main_menu	2.6
Electronic proposal must be received by the Department:	August 4, 2020	12:00 noon	See Section 1.3	2.7
*Proposal opening:	August 4, 2020	2:00 pm	Conference Line: 1-888-585-9008 Conference Room: 890-576-349	2.7.3
*Meeting of the evaluators and ranking of the proposals:	August 10, 2020	10:00 am	Conference Line: 1-888-585-9008 Conference Room: 890-576-349	5.2.3
Anticipated posting of intended contract award:	August 17, 2020	3:00 pm	DMS VBS Electronic Posting site: http://myflorida.com/apps/vbs/vbs_main_menu	5.2.5
Anticipated effective date of contract:	September 1, 2020	N/A	N/A	1.2

All meetings noted with an asterisk () are public meetings.

2.4 Woman-, Veteran-, and Minority-owned Small Businesses Participation

Woman-, Veteran-, and Minority-owned Small Businesses are encouraged to participate in any scheduled conferences, conference calls, or pre-solicitation meetings. All vendors shall be accorded fair and equal treatment. For questions about registering to identify your Small Business as a Woman-, Veteran-, or Minority-owned Small Businesses visit:

https://www.dms.myflorida.com/agency_administration/office_of_supplier_diversity_osd

2.5 Pre-solicitation Conference Call

The purpose of the Pre-solicitation Conference Call is to review this solicitation with interested vendors. The Pre-solicitation Conference Call will be held at the date and time specified in **Section 2.3**.

2.6 Written Questions and Department Answers

Vendor questions for which binding Department answers are desired must be addressed as permitted in **Section 1.3**, using the template provided in **APPENDIX III- Question Submittal Form**, and received by the Procurement Officer on or before the dates and time specified in **Section 2.3**.

2.7 Receipt of Proposals

2.7.1 Proposal Deadline

Proposals must be received by the Procurement Officer no later than the date and time and at the address provided in **Section 2.3**. Facsimile or hard copies of proposals will not be accepted. Vendors are exclusively responsible for timely delivery of proposals to the Procurement Officer.

2.7.2 Proposal Withdrawal and Amendment

Vendors may withdraw, or withdraw and replace, previously submitted proposals on or before the date and time specified for proposals to be received by the Department.

2.7.3 Binding Proposal

Vendors are bound by their proposals until the latter of sixty (60) calendar days after the proposal opening or the closing of all opportunities for protest or appeal.

2.7.4 Cost of Preparation of Proposal

The Department will not pay any costs incurred in responding to this solicitation.

2.8 Form PUR 1001

The standard "General Instructions to Respondents" Form PUR 1001 (10/06) is hereby incorporated into this solicitation by reference as if fully recited herein. In the event of any conflict between Form PUR 1001 and this solicitation, the terms of this solicitation shall take precedence over Form PUR 1001, unless the conflicting term is required by Florida law, in which case the term contained in Form PUR 1001 shall take precedence. Form PUR 1001 is available at:

http://www.dms.myflorida.com/media/purchasing/pur_forms/1001_pdf.

2.9 Department's Discretion

The Department may:

- 2.9.1** Determine whether a vendor is responsible, as defined in section 287.012, F.S.;
- 2.9.2** Waive minor irregularities when doing so would be in the best interest of the State of Florida;
- 2.9.3** Withdraw the solicitation or reject all proposals at any time;
- 2.9.4** Select more than one vendor for the commodities and contractual services encompassed by this solicitation;
- 2.9.5** Withdraw or amend its Notice of Award;
- 2.9.6** Award contract(s) for a reduced scope of the commodities and contractual services encompassed by this solicitation.

SECTION 3. SPECIFICATIONS

3.1 Definitions

Specific terms related to this RFP may be found in **APPENDIX VIII – Standard Contract Part 2**.

3.2 Minimum Programmatic Specifications

The selected vendor shall perform the tasks outlined in **APPENDIX VII and APPENDIX VIII – Standard Contract Part 1 and Part 2**, in accordance with all terms therein.

3.3 Minimum Financial Specifications

The selected vendor(s) shall be compensated in the manner set forth in **APPENDIX VIII – Standard Contract Part 2** in accordance with all terms therein.

3.3.1 Funding Sources

Funding for the services outlined in this RFP is provided by an anticipated grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the Federal Emergency Management Agency (FEMA), not to exceed \$915,000.00.

3.3.2 Allowable Costs

Program-specific allowable costs and funding restrictions may be found in the CCP Program Guidance, available at <https://www.samhsa.gov/dtac/ccp-toolkit>. Additional allowable costs and funding restrictions will be referenced in the anticipated notice of grant award.

General federal allowable costs and funding restrictions may be found in 45 CFR Part 75. Additional funding restrictions may be found in **APPENDIX IX – Federal Grant Compliance Introduction**.

Additionally, all costs associated with the delivery of services outlined in this RFP must be in accordance with the Department of Financial Services' Reference Guide for State Expenditures, which can be located at:

http://www.myfloridacfo.com/Division/AA/Manuals/Auditing/Reference_Guide_For_State_Expenditures.pdf

3.3.3 No Cost-of-Living Increases

The Department does not fund Cost-of-Living increases.

3.3.4 Composition of the Contract

The contract awarded as a result of this solicitation will be composed of:

3.3.4.1 Department's Standard Contract

APPENDIX VII – Standard Contract Part 1 contains general contract terms and conditions required by the Department for all vendors. **APPENDIX VIII – Standard Contract Part 2** contains additional contract terms and conditions governing the performance of work, the clients to be served, required deliverables, performance standards, and compensation.

3.3.4.2 Form PUR 1000

Form PUR 1000 is incorporated by reference **APPENDIX VII – Standard Contract Part 1**. In the event of any conflict between Form PUR 1000 and this solicitation, the terms of this solicitation shall take precedence over Form PUR 1000, unless the conflicting term is required by Florida law, in which case the term contained in Form PUR 1000 shall take precedence. Form PUR 1000 is available at:

https://www.dms.myflorida.com/business_operations/state_purchasing/state_agency_resources/state_purchasing_pur_forms

3.3.4.3 Other Attachments or Exhibits

All other attachments and exhibits to the contract referenced in this solicitation shall also be part of the resulting contract, if any; and

3.3.4.4 Vendor Proposal

The vendor's proposal and any additional submittals, if incorporated into or attached to the contract.

3.4 Order of Precedence

In the event of conflict within any two or more documents within the contract documents listed in **Section 3.4**, the earlier listed document shall control (e.g. 3.4.2. will control over 3.4.3).

3.5 Supporting Documentation

This table lists the supporting documentation, and the associated link to download the supporting documentation.

Subject	Description	Link
PUR 1000	PUR 1000	http://www.dms.myflorida.com/media/purchasing/pur_forms/1000_pdf
PUR 1001	PUR 1001	http://www.dms.myflorida.com/media/purchasing/pur_forms/1001_pdf
Allowable Costs	DFS Reference Guide for State Expenditures	http://www.myfloridacfo.com/Division/AA/Manuals/Auditing/Reference_Guide_For_State_Expenditures.pdf
Crisis Counseling Assistance and Training Program Guidance	CCP Guidelines	https://www.samhsa.gov/sites/default/files/images/fema-ccp-guidance.pdf
Presidential Major Disaster Declaration FEMA-4486-DR	Presidential Declaration	https://www.fema.gov/disaster/4486

SECTION 4. INSTRUCTIONS FOR RESPONDING TO THE RFP

4.1 How to Submit a Proposal

4.1.1 Number of Copies Required and Format for Submittal

Vendors shall submit one complete electronic version of the proposal containing an original signature of an official authorized to bind the vendor to the proposal. Electronic files must be emailed to the Procurement Officer in **Section 1.3**, using software which is free of malware. Any infection resulting to the Department's systems shall be addressed to the Department's satisfaction at the Vendor's expense.

Proposals must be formatted single-spaced, for 8-1/2" x 11" paper. Pages must be numbered in a logical, consistent fashion. Figures, charts, and tables should be numbered and referenced by number in the text. The complete proposal must be readable using Adobe portable document format ("pdf").

The proposal must be presented in a single electronic file, labeled, and submitted in accordance with **Section 4.2** and **Section 4.3**. The Department's maximum capacity for email attachments is 100MB. In the event a proposal exceeds the Department's maximum capacity, the Vendor must contact the Procurement Officer in **Section 1.3** prior to the deadline for submission stated in **Section 2.3** for further submittal instructions.

4.2 Contents of the Proposal

4.2.1 Title Page

4.2.1.1 The first page of the proposal shall be a Title Page that contains the following information:

4.2.1.2 Title of proposal;

4.2.1.3 Solicitation number;

4.2.1.4 Vendor's name and federal tax identification number;

4.2.1.5 Name, title, telephone number and address of person who can respond to inquiries regarding the proposal; and

4.2.1.6 Name of project coordinator (if known).

4.2.2 TAB 1: TABLE OF CONTENTS

The proposal must include a table of contents outlining the content of each section and the associated page number(s).

4.2.3 TAB 2: SPECIFICATIONS

Specifications for this solicitation:

4.2.3.1 Signature Authority

Include a signed **APPENDIX I - Certificate of Signature Authority**, completing either Section A (or providing a corporate resolution or other duly executed certification issued in the vendor's normal course of business) or Section B, demonstrating the person signing the proposal, and its statements and certifications, is authorized to make such representations and to bind the vendor.

4.2.3.2 Vendor Certifications

Include the **APPENDIX II – Vendor's Certifications** signed by the person named in the Certificate of Signature Authority as the Authorized Representative of the vendor and with "true" checked next to each of the Certifications (a) through (f).

4.2.4 TAB 3: COPMANY QUALIFICATIONS AND EXPERIENCE (limited to 3 pages)

4.2.4.1 Provide a brief overview demonstrating an understanding of the solicitation purpose and the needs specified in this solicitation. Includes a brief description of the vendor's organization, leadership credentials, approach for Scope of Work services, management of Performance Specifications, and means

of completing Deliverables, including a description of the vendor's approach and philosophy, including mission statement, core values, and vision.

4.2.4.2 Provide a description of the vendor's experience in providing similar services as requested in this RFP. Experience shown should be work done by the individuals who will be assigned to the work as well as the overall experience of the organization. State whether the vendor was the prime contractor or a subcontractor and whether they worked in cooperation with a subcontractor. Where applicable, clearly note the vendor's related experience which included individuals who will be assigned and their roles on the past project. Provide a detailed description of any work to be subcontracted with information describing the qualifications and relevant experience of any proposed subcontractors.

4.2.4.3 Provide examples of the vendor's experience in developing products, ads or other campaign materials or a description of the manner in which the vendor implemented a public messaging campaign similar to the services requested in this RFP.

4.2.5 TAB 4: KEY PERSONNEL AND SUBCONTRACTORS (limited to 5 pages)

4.2.5.1 Provide a description of work experience, education, and training of key personnel as it relates to the requirements of this RFP. Résumés for proposed key personnel may be included as supporting documentation, see **Section 4.2.7**. The proposal must include the vendor's operational approach to the recruitment, training, supervision and retention of qualified personnel who will be working on this project, including a description of the approach to recruitment of staff able to meet any unique cultural needs of the project.

4.2.5.2 Provide a description of how the organization and proposed subcontractors and staffing levels will best meet the performance standards, credentials for human resources, quality assurance, financial, information technology, and other key professional level employees related to the project.

4.2.5.3 Provide information for all proposed subcontractors and what services they will provide using **Appendix IV - Subcontractor List**.

4.2.6 TAB 5: SERVICES APPROACH AND SOLUTION

Provide a description of the vendor's approach to providing a localized and statewide public messaging campaign promoting coping, resiliency, self-care skills, and 2-1-1 provider services across multiple media platforms, as tasks specified in Section C-1 of Exhibit C, **APPENDIX VIII – Standard Contract Part 2**. The vendor's approach must demonstrate how the vendor will leverage baseline community awareness of 2-1-1 services while developing additional psychoeducational and promotional outreach materials, including public service announcements for television and radio, press releases, social media posts, and strategic placement of advertisements and psychoeducational materials in high traffic venues such as on public transportation, gas pump toppers, bathroom posters, window clings, and other outlets. Additional information regarding the role of the public messaging campaign within the Department's COVID-19 behavioral health response activities is provided in **Appendix X – Florida COVID-19 Crisis Counseling Program**.

Describe how the vendor will partner with existing resources, including county governments, health care and behavioral health providers, school systems, TANF and Economic Self-Sufficiency centers, workforce and unemployment agencies and others to disseminate educational and promotional materials.

4.2.7 TAB 6: SUPPORTING DOCUMENTATION

Provide attachments, exhibits or any other supporting documentation referenced in the proposal, labeled and tabbed accordingly. All supporting documentation must be formatted as specified in **Section 4.1.3**.

4.3 Content of the Financial Proposal

4.3.1 Financial Proposal Title Page

The first page of the proposal shall be a Title Page that contains the following information:

4.3.1.1 Title of proposal;

- 4.3.1.2 Solicitation number;
- 4.3.1.3 Vendor's name and federal tax identification number;
- 4.3.1.4 Name, title, telephone number and address of person who can respond to inquiries regarding the proposal; and
- 4.3.1.5 Name of project coordinator (if known).

4.3.2 TAB 1: TABLE OF CONTENTS

The proposal must include a table of contents outlining the content of each section of the reply and the associated page number(s).

4.3.3 TAB 2: BUDGET SUMMARY AND NARRATIVE

Provide a completed **Appendix VI - Project Budget Summary**, following the instructions provided in **Appendix V - Budget Summary and Detail Instructions**, demonstrating a summary of proposed program costs and a description of each line item detailing how costs were derived. The proposal must include a budget for each proposed state fiscal year and any possible renewal.

4.3.4 TAB 3: SUPPORTING DOCUMENTATION

Provide include attachments, exhibits or any other supporting documentation referenced in the proposal, labeled and tabbed accordingly. All supporting documentation must be formatted as specified in **Section 4.1.3**.

4.4 Public Records and Trade Secrets

4.4.1 How to Claim Trade Secret Protection

If the vendor considers any portion of the documents, data or records submitted in its proposal to be trade secret and exempt from public inspection or disclosure pursuant to Florida's Public Records Law, the vendor must submit all such information in a separately bound document (or in the case of electronic media, in a manner compliant with Section 4.1.4, , with the words "Trade Secret" included in the file name) clearly labeled "Attachment to Proposal, RFP No. – Trade Secret Material". Appropriate cross-references should be included in nonexempt materials. The first page of the electronic file and hardcopy documents must explain why the information in the document is a trade secret. This submission must be made no later than the proposal submittal deadline. Where such information is part of material already required to be submitted as a separately bound or enclosed portion of the proposal, it shall be further segregated and separately bound or enclosed and clearly labeled as set forth above in addition to any other labeling required of the material. If the vendor considers any portion of a submission made after its proposal to be trade secret the vendor must clearly label the submission as containing trade secret information (or in the case of electronic media, include "Trade Secret" in the relevant file names).

4.4.2 Vendor's Duty to Respond to Public Records Requests

In response to any notice by the Department that a public records request received by the Department encompasses any portion of the separately bound part of the vendor's proposal or other submissions labeled as "trade secret," the vendor shall expeditiously provide the Department, or the public pursuant to subsection 119.0701(2), F.S., with a redacted version of the document(s) and identify in writing the specific statutes and facts that authorize exemption of the information from the Public Records Law. If different exemptions are claimed to be applicable to different portions of the redacted information, the vendor shall provide information correlating the nature of the claims to the redacted information. The redacted copy must only exclude or obliterate only those exact portions that are claimed confidential or trade secret. If the vendor fails to promptly submit a redacted copy and justification in response to the notice of a public records request, the Department is authorized to produce the records sought without any redaction.

4.4.3 Department not Obligated to Defend Vendor Claims

The Department is not obligated to agree with or defend any vendor claim of exemption from inspection and copying under Florida's Public Records Law. The vendor is responsible for defending such claims. Further, the vendor shall protect, defend, and indemnify, including attorney's fees and costs, the Department for actions (including litigation initiated by the Department) arising from or relating to such claims.

SECTION 5. THE SELECTION METHODOLOGY

The Department intends to award the contract to the responsible and responsive vendor(s) whose proposal is determined, in writing, to be the most advantageous to the state. The Department will award the contract based on a consideration of the relative importance of price and other evaluation criteria set forth in the solicitation. The Department may also make a determination as to whether to deem one or more vendors ineligible for award due to non-responsibility or non-responsiveness. The Department will electronically post the intent to award in accordance with section 120.57(3)(a), F.S., and Rule 60A-1.021, Florida Administrative Code.

5.1 Selection Criteria

The following Selection Criteria shall apply for this RFP:

Criteria
<ul style="list-style-type: none"> The vendor’s company structure, subcontractors, and experience and capability to deliver its proposed solution including the vendor performance providing services similar to those specified in this RFP.
<ul style="list-style-type: none"> The skills and experience of the vendor’s leadership team, staff, and resources the vendor will use in implementing its solution.
<ul style="list-style-type: none"> The vendor’s articulation of its solution and the ability of the solution to meet the requirements of this RFP.
<ul style="list-style-type: none"> The vendor’s proposed budget.

The Department may consider any information that reflects upon a vendor’s capability to fully perform the contract requirements and demonstrates the level of integrity and reliability required to assure performance of the contract.

5.2 Evaluation Phase Methodology

All proposals determined to be responsive will be evaluated using the process outlined below.

5.2.1 Scoring

The Department’s Evaluators will independently evaluate each Programmatic and Financial Proposal in accordance with the following criteria:

Criteria	Maximum Points
Programmatic Proposal	
Overview, Qualifications and Experience: The vendor’s understanding of the needs of the Department, the qualifications and credentials of the leadership team and overall experience in the provision of services similar to those specified in the RFP.	24
Key Personnel and Subcontractors: The skills and experience of the vendor’s team, staff, and resources the vendor will use in implementing its solution, including subcontractors.	16
Campaign Management: The vendor’s articulation of its solution and the ability of the solution to meet the requirements of this RFP, including development and management of the messaging campaign and paid media placement.	28
TOTAL	68

Financial Proposal	
Budget Summary and Narrative: The vendor's proposed costs and narrative justification for each line item.	20
TOTAL	20

5.2.2 Total Score of Proposals

The Procurement Officer will average the total point scores assigned by each Department Evaluator to calculate the points awarded for each section to obtain a total score, which will be used to rank vendors.

For example:

Firm	Raw Points Received	Rank
Company A	900	2
Company B	1000	1
Company C	800	3*
Company D	750	5
Company E	800	3*

**In the event that multiple firms have the same raw point score, the rank positions needed to cover those firms are the same. Each firm receives a rank of 3.*

This ranking will serve as the recommended ranking of the Department's Evaluators.

5.2.3 Conduct Evaluator Public Meeting

A public meeting will be held to announce and validate all evaluation scores.

5.2.4 Report of the Procurement Officer

The Procurement Officer will report those proposals deemed responsive and vendors deemed responsible. The report will include the vendor rankings.

5.2.5 Selection of Vendor(s), Decision to Reject All, or Cancel

The Department will make a determination to award to the vendor(s), reject all proposals, or cancel this procurement. The Department will notice, in writing, its decision on VBS: http://vbs.dms.state.fl.us/vbs/main_menu

[This space intentionally left blank]

APPENDIX I: CERTIFICATE OF SIGNATURE AUTHORITY

Check below and complete Section A or Section B	
<input type="checkbox"/>	Vendor is not a sole proprietorship (Complete Section A)
<input type="checkbox"/>	Vendor is a sole proprietorship (Complete Section B)
Section A	
<p>I, _____ (name), hold the office or position of _____ (title) with _____ (legal name of vendor) and have authority to make official representations by said vendor regarding its official records and hereby state that my examination of the vendor's records show that _____ (name) currently holds the office or position of _____ (title) with the vendor and currently has authority to make binding representations to the Department and sign all documents submitted on behalf of the above-named vendor in response to RFP07HGN1, and, in so doing, to bind the named vendor to the statements made therein.</p>	
Dated:	
Signature:	
Printed Name:	
Title:	
NOTE: In lieu of the above, the vendor may submit a corporate resolution or other duly executed certification issued in the vendor's normal course of business to prove signature authority of the named Authorized Representative.	
Section B	
<p>I, _____ (name) am a sole proprietor, personally doing business in the name of _____ (name of vendor), and will be personally bound by the proposal submitted in response to RFP07HGN1.</p>	
Dated:	
Signature:	
Printed Name:	

APPENDIX II: VENDOR'S CERTIFICATIONS

CERTIFICATIONS

MASTER CERTIFICATION

As the person named in the Certificate of Signature Authority as the Authorized Representative of the vendor, _____ (legal name of vendor), I confirm that I have fully informed myself of all terms and conditions of RFP07HGN1 (the RFP), the facts regarding the proposal submitted by the vendor in response to the RFP and the truth of each statement contained in Certifications (a) through (f) and certify, by checking the applicable "true" or "false" box below and affixing my signature hereto, that each statement in each checked certification is "true" or "false" as indicated.

Check the applicable box next to the title to each certification:

True	False	
		a. Certification of Binding Proposal and Acceptance of Terms of RFP and Contract Document
		b. Statement of No Prohibited Involvement
		c. Statement Non-Collusion
		d. Certification Regarding Subcontractors
		e. Certification Regarding Prior Contractual Obligations
		f. Certification of Representations Per sections 287.133, and 287.134, F.S.

The content of each certification named above, set forth below, is incorporated into this Master Certification as if fully recited herein and, for each certification marked "true" above, the below signature is deemed to be affixed to each such certification. I agree that any certification not marked above will be deemed "false."

Signature of Authorized Representative:	Date:
---	-------

a. Certification of Binding Proposal and Acceptance of Terms of RFP and Contract Document

By checking the "True" box in the Master Certification and signing the same, I hereby certify that the vendor's proposal submitted in response to the Department of Children and Families Request for Proposals (the RFP) is binding on the vendor in accordance with the terms of the RFP. If awarded any contract as a result of the RFP, the vendor will comply with the specifications, terms, and conditions stated in the RFP and the contract document.

b. Statement of No Prohibited Involvement

By checking the "True" box in the Master Certification and signing the same, I hereby certify that no member of this firm or any person having interest in this firm has: Been awarded a contract as described in subsections 287.057(17)(c), F.S., to perform a feasibility study of the potential implementation of a subsequent contract to support this project, participated in drafting of a solicitation for this specific project, or developed a program for future implementation of this project.

c. Statement of Non-Collusion

By checking the "True" box in the Master Certification and signing the same, I hereby certify that all persons, companies, or parties interested in the RFP as principals are named therein, that the vendor's proposal is made without collusion with any other vendor.

d. Certification Regarding Subcontractors

By checking the "True" box in the Master Certification and signing the same, I hereby certify the vendor's agreement that by submitting a proposal to this RFP, the vendor waives any exclusivity provision in its subcontractor agreements.

e. Certification Regarding Prior Contractual Obligations

By checking the "True" box in the Master Certification and signing the same, I hereby certify the vendor has not:

- (1) Failed to correct any unsatisfactory performance in a previous contract to the satisfaction of any Agency or eligible user;
- (2) Had a contract terminated by any Agency or eligible user for cause; or
- (3) Failed to sign a contract awarded by any Agency.

f. Certification of Representations Per Sections 287.042, 287.133 and 287.134, F.S.

By checking the "True" box in the Master Certification and signing the same, I hereby certify the vendor is not listed on the Suspended Vendors List maintained pursuant to Rule 60A-1.006, F.A.C., Convicted Vendors List created and maintained pursuant to section 287.133, F.S., or on the Discriminatory Vendors List created and maintained pursuant to section 287.134, F.S, and for Federal funds, not be listed on the governmentwide exclusions in the System for Award Management (SAM).

TIE BREAKING CERTIFICATIONS

Statutory Preferences When Awarding Contracts

Various provisions of Chapters 287 and 295, F.S., provide qualifying vendors the advantage of "tie breakers" whenever two or more bids, proposals, or replies received by an agency are equal with respect to price, quality, and service. In order to take advantage of the below "tie breakers," a vendor who meets the statutory qualifications for one or more of these "tie breakers" must certify that it qualifies for the cited preference. Completion of the certification is optional for qualifying vendors; however, a vendor waives all rights to consideration of a "tie breaker" if it fails to submit the certification on or before the deadline to submit its bid, proposal or reply.

MASTER CERTIFICATION – TIE-BREAKING CERTIFICATIONS

As the Authorized Representative of the vendor, _____ (legal name of vendor), I confirm that I have fully informed myself of all terms and conditions of RFP07HGN1(the RFP), the facts regarding the proposal submitted by the vendor in response to the RFP and the truth of each statement contained in Certifications (g) through (k) and certify, by checking one or more of the boxes below and affixing my signature hereto, that each statement in each checked certification is true.

Check the box next to the title to each certification that is true:

g. Certification of a Certified Minority Business Enterprise

h. Certification of a Certified Veteran Business Enterprise

i. Certification of a Florida Business

j. Certification of a Foreign Manufacturer with a Factory in Florida

k. Certification of a Drug Free Workplace

The content of each certification named above, set forth below, is incorporated into this Master Certification as if fully recited herein and, for each certification marked "true," above, the below signature is deemed to be affixed to each such certification. I agree that any certification not marked above will be deemed "false."

Signature of Authorized Representative:	Date:
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g. Certification of a Certified Minority Business Enterprise

By checking the "True" box in the Master Certification – Tie-Breaking Certifications and signing the same, I hereby certify that my organization is a Certified Minority Business Enterprise in accordance with section 287.0943, F.S.

h. Certification of a Florida Certified Veteran Business Enterprise

By checking the "True" box in the Master Certification – Tie-Breaking Certifications and signing the same, I hereby certify that my organization is a Certified Veteran Business Enterprise in accordance with section 295.187, F.S.

i. Certification of a Florida Business

By checking the "True" box in the Master Certification – Tie-Breaking Certifications and signing the same, I hereby certify that my organization's principal place of business is located within Florida in accordance with section 287.084, F.S.

j. Certification of a Foreign Manufacturer with a Factory in Florida

By checking the "True" box in the Master Certification – Tie-Breaking Certifications and signing the same, I hereby certify that my manufacturing organization has a factory in Florida that employs over 200 employees working in Florida in accordance with section 287.092, F.S.

k. Certification of a Drug Free Workplace

By checking the "True" box in the Master Certification and signing the same, I hereby certify the vendor currently maintains a drug-free workplace environment in accordance with section 287.087, F.S., and will continue to promote this policy through implementation of that section.

APPENDIX III: QUESTION SUBMITTAL FORM

Each vendor may complete the form provided based on its questions relating to this RFP. The completed form shall be submitted in accordance with the instructions provided in **Section 2.6** of the RFP. This form may be expanded as needed to facilitate response to this requirement.

Vendor Name: [Enter Legal Name of vendor]

Question Number	RFP Section Number	Question
1		
2		
3		
4		
5		

APPENDIX IV: SUBCONTRACTOR LIST

Identify all subcontractors who will perform work under any contract resulting from this solicitation. The vendor shall have determined to its own complete satisfaction that an identified subcontractor has been successfully engaged in the related subcontracted service(s) and is qualified to provide such service(s).

For each proposed subcontractor, provide the following information:

- A. Subcontractor full legal name
- B. Business type
- C. Address
- D. City, State Zip
- E. Phone #
- F. FEIN #
- G. Country and state of incorporation
- H. Principal place of business
- I. Proof of legal entity and authorization to do business with the State of Florida
- J. Service(s) to be subcontracted
- K. Estimated cost of subcontracted service(s)
- L. Description of the Vendor's organization, including number of years in business, subsidiaries, parent corporations, officers; include organization charts and details concerning the number of facilities by geographic location.
- M. Description of the Vendor's principal type of business and history and what uniquely qualifies the Vendor to provide the proposed subcontracted service(s).
- N. Statement of whether or not the Vendor has filed for bankruptcy protection in the past five years or is currently in the process of filing or planning to file for bankruptcy protection or financial restructuring or refinancing. If so, provide court and case number.
- O. Identification of any potential or actual conflicts of interest that might arise for the Vendor as a result of contract award to the Vendor, and describe in detail the plan to eliminate or mitigate them. Such conflicts include, but are not limited to, those covered by Section 6 of the PUR 1001. Address both personal and organizational conflicts.
- P. Reservations the Vendor must make if unable to certify completely all of the items in Section 9 of the PUR 1001 entitled "Representation and Authorization." If no reservations are made in this section of the reply, the Vendor shall be deemed to attest to the truth of all of listed items and the Department may rely upon them.

CHECK HERE IF NO SUBCONTRACTORS WILL BE USED:

*Signature of Authorized Representative

*Name of Authorized Representative

*Title of Authorized Representative

*This individual must have the authority to bind the Vendor.

APPENDIX V: BUDGET SUMMARY AND DETAIL INSTRUCTIONS

The project budget summary should display all costs that will be paid by the Department for the delivery of services resulting from this RFP. Use the Project Budget Summary format and list the appropriate amounts for all line items that will be expended during the budget period. The format displays the suggested line items to be covered for this project. Other line items may be added, if necessary. "Miscellaneous" and "Other" are not acceptable line items.

In addition to and in support of the Project Budget Summary, a detailed description must be provided for each line item displaying the methodology used to calculate the total for the line item. Documentation must show the percentage of costs being charged to the Department, if the Vendor has another source of income providing funding to this project. Items requiring *estimated* costs must be accompanied by sufficient documentation or explanation to support the estimation. An estimated number of units must be provided for each line item calculated using a unit rate x unit cost calculation. Items purchased must be estimated in accordance with the State's guidelines found at:

http://www.myfloridacfo.com/Division/AA/Manuals/Auditing/Reference_Guide_For_State_Expenditures.pdf

In addition:

- Salaries** provided must be comparable with similar positions in the surrounding labor market and a job description must be provided for each position listed. Include the number of FTEs that will be funded in whole or in part by this project.
- Fringe benefits** must display the calculation of costs, specifically the percentages or rates for each benefit being charged to this project.
- Staff Travel** is reimbursed as specified by Department travel policies and procedures in CFOP 40-1 and s. 112.061 F.S.
- Office expenses** should be based on prior history, a reasonable estimated monthly expense or written Vendor policy.
- Rental or use of space** must show the address, the square footage and the rate per square footage.
- Rental equipment** necessary to carry out the delivery of services must include the unit cost (per month) and the number of months the item(s) will be used.
- Insurance** costs must provide sufficient documentation to explain the percentage of cost being charged to this project and/or the calculation of the cost and the insurance coverage being provided.
- Advertising/outreach** costs must show the estimated number of units (publications or media events) and the estimated cost for each publication or event.
- Membership fees and subscriptions** necessary for the delivery of services must show the estimated costs and number of units projected.
- Subcontracted services** such as janitorial services or security services must show the monthly rate and the number of months for which service is required.
- Subcontracted client services** providing direct services to clients must include the Vendor(s) to be subcontracted with, the services to be provided, the estimated number of clients to be served and the unit cost for service(s).
- Financial audits** being covered in part or in whole with project funds must show the rate used to calculate this cost or the percentage of cost being allocated to this project.
- Operating capital outlay (OCO)** to be purchased for use under this project must show the number of units to be purchased, the estimated cost for each unit and justification for the item(s) being purchased.
- Indirect costs** being charged to the project must show the percentage of funding required by the Vendor to carry out the common or joint tasks covered by this line item. A summary of the expenditures covered by these funds is required.

APPENDIX VI: PROJECT BUDGET SUMMARY

Provider Name			
FFY (Insert Year) - (Insert Dates)			
Budget Line Item		Line Item Totals	Category Total
Personnel Category			
A.	Personnel	\$ -	
B.	Fringe Benefits	\$ -	
C.	Other Personnel Services (OPS)	\$ -	
D.	Background Checks	\$ -	
Total Personnel Category:			\$ -
Travel Category			
E.	Staff Travel & Training	\$ -	
Total Travel Category:			\$ -
Expense Category			
F.	Office Expenses		
1.	Utilities	\$ -	
2.	Telephone	\$ -	
3.	Postage/Shipping	\$ -	
4.	Copies/Printing	\$ -	
5.	Office Supplies	\$ -	
6.	Janitorial Supplies	\$ -	
7.	Building Maintenance/Repair	\$ -	
8.	Equipment Repair	\$ -	
Total Office Expenses:		\$ -	
G.	Rental or Use of Space	\$ -	
H.	Rental Equipment	\$ -	
I.	Insurance	\$ -	
J.	Advertising/Outreach	\$ -	
K.	Membership Fees & Subscriptions	\$ -	
L.	Fixed Price Services	\$ -	
M.	Subcontracted Services	\$ -	
N.	Subcontracted Client Services	\$ -	
O.	Financial Audit	\$ -	
Total Expense Category:			\$ -
Direct Costs Category			
P.	Operating Capital Outlay (OCO->\$1,000.00)		\$ -
Q.	Indirect Costs _____% of Total Direct Costs		\$ -
Subtotal Direct Costs:			\$ -
Total Project Budget			\$ -

Sample Format; Columns and rows can be added as needed.

APPENDIX VII: STANDARD CONTRACT PART 1

See Attached.

APPENDIX VIII: STANDARD CONTRACT PART 2

See Attached.

APPENDIX IX: FEDERAL GRANT COMPLIANCE INTRODUCTION

Subrecipients of federal grants are required to follow the terms of the grants themselves as well as either Title 2 Part 200 of the United States Code of Federal Regulations Chapter (CFR) or Title 45 Part 75. The following introduces some of those requirements. This is merely an introduction and must not be relied upon; the applicable CFR Part and applicable federal grant contain the full statement of the actual requirements.

Subpart B — General Provisions

1. Integrity Rules (2 CFR 200.112-113; 45 CFR 75.112-113)
1.1 Disclosure of any potential conflicts of interest to the Florida Department of Children and Families (DCF) in accordance with the applicable federal awarding agency policy.
1.2 Disclosure of all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. (Note: Failure to do so can result in suspension and/or debarment.)

Subpart C — Pre-federal Award Requirements and Contents of Federal Awards

2. Fixed Award Amounts (2 CFR 200.201; 45 CFR 75.201)
2.1 If awarded a fixed-award, payments will be based on meeting specific requirements of the federal award. Accountability will be based on performance and results.

Subpart D — Post-federal Award Requirements

3. Standards for Financial and Program Management (2 CFR 200.300-309; 45 CFR 75.300-309)
3.1 Adherence to performance measurements that relate financial data to performance accomplishments. When applicable, the reports will provide cost information to demonstrate cost effective practices. Some grants may require reports to include indicators and milestones accomplished on performance goals.
3.2 Maintenance of a financial management system, which includes records documenting compliance, that allows for the preparation of reports required by general and program-specific terms/conditions. The financial management system must also allow for the tracing of funds to a level of expenditures to show that they have been used according to the terms/conditions/regulations.
3.3 The financial management system must provide the following: <ul style="list-style-type: none"> 3.3.1 Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, name of the federal awarding agency, and name of the pass-through entity, if any. 3.3.2 Accurate, current, and complete disclosure of the financial results of each Federal award or program. 3.3.3 Records that identify adequately the source and application of funds for federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation. 3.3.4 Effective control over, and accountability for, all funds, property, and other assets. The non-Federal entity must adequately safeguard all assets and assure that they are used solely for authorized purposes. 3.3.5 Comparison of expenditures with budget amounts for each Federal award. 3.3.6 Written procedures to implement the payment requirements found in §200.305 or §75.305 as applicable. 3.3.7 Written procedures for determining the allowability of costs in accordance with the Cost Principles of federal grant guidance and the terms and conditions of the Federal award.
3.4 Internal Controls <ul style="list-style-type: none"> 3.4.1 Establish and maintain effective internal controls over federal awards to ensure compliance with regulations and the terms/conditions of awards. Consider the Internal Control Framework issued by the Committee on Sponsoring Organizations (COSO) and the Standards for Internal Control in the Federal Government (Green Book) issued by the Comptroller General as best practice examples. 3.4.2 Have internal controls and procedures in place to take prompt action when noncompliance issues are identified, including noncompliance related to audit findings. 3.4.3 Take reasonable measures to safeguard protected, personally identifiable information (PII) and other sensitive information.
3.5 Payments <ul style="list-style-type: none"> 3.5.1 Minimized the time between the transfer of funds from DCF and the disbursement. (Already required by state statutes and DCF's Standard Contract) 3.5.2 Use funds from program income (including repayments to a revolving fund), rebates, refunds, contract settlements,

3.5.3	audit recoveries, and interest earned prior to requesting cash advance payments, if allowed. Established banking procedures so that you can account for the receipt, obligation, and expenditure of funds for specific federal awards.
3.5.4	Preparation for any advance payments to be deposited in insured accounts when possible and in interest-bearing account unless certain criteria apply.
3.6	Cost Sharing or Matching Requirements (if required, does not apply to most DCF contracts)
3.6.1	All required criteria are met if your organization has grants that contain cost sharing or matching requirements.
3.6.2	Applying unrecovered indirect costs as cost sharing/matching requires prior approval from the federal awarding agency.
3.6.3	If authorized by the federal awarding agency to allow for the donation of buildings or land for long-term use, has the value been calculated as the lesser of the two: value of remaining life or current market value at the time of donation.
3.6.4	Volunteer services from a third party to meet cost/matching requirements must be integral and necessary part of the project/program and documented.
3.7	Use of Program Income
3.7.1	Program Income must be deducted from the total allowable costs to determine the net allowable costs. Program income must be used for current costs unless the Federal awarding agency authorizes otherwise. Unanticipated program income must be used to reduce the federal award.
3.7.2	For IHEs and nonprofit research institutions, program income may be added to the federal award with prior Federal approval.
3.7.3	Program income may be used to meet cost sharing/matching requirements if applicable, with prior Federal approval.
4. Property Standards (2 CFR 200.310-316; 45 CFR 75.316-323)	
4.1	Insurance coverage: Maintain equivalent insurance coverage for real property and equipment acquired or improved with federal funds (but not federally owned) as provided to property owned by your organization.
4.2	Real Property: Maintain procedures that meet federal guidance regarding real property to meet the requirements for title, use, and disposition.
4.3	Federally-owned and exempt property
4.3.1	An annual inventory listing of federally owned property in its custody must be annually submitted to the federal awarding agency.
4.3.2	After an award has been completed or federal property is no longer needed, the organization must report the property as excess to the federal awarding agency.
4.4	Equipment
4.4.1	Maintain proper equipment procedures in place to meet the requirements for title, use, and disposition under federal grant guidance.
4.4.2	Equipment management procedures must be in place for equipment acquired in whole or in part under the federal award, which include detailed identification markers, percentage of federal participation in costs, location, use and condition and any disposition data, date of disposal and sale price of the property.
4.4.3	A physical inventory of property must be taken at least once every two years with results reconciled with property records.
4.4.4	A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property.
4.4.5	Adequate maintenance procedures must be developed to keep the property in good condition.
4.4.6	If authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.
4.5	Supplies exceeding \$5,000: The federal government must be compensated for its share of residual inventory of unused supplies exceeding \$5,000 in total aggregate value upon termination or completion of a project or program, unless supplies are not needed for any other federal award.
4.6	Intangible property: Maintain proper procedures to meet federal grant guidance involving intangible property.
5. Procurement Standards (2 CFR 200.317-326; 45 CFR 75.326-335)	
5.1	Maintain written standards of conduct covering conflict of interest and governing employees engaged in the selection, award and administration of contracts. If your organization has a parent, affiliate, or subsidiary organization that is not a state or local government or Indian tribe, your conflict of interest policy must also include organizational conflicts of interest.
5.2	Procurement procedures and policies must be in place to meet the following requirements:
5.2.1	Are written
5.2.2	Ensure that the acquisition of duplicate or unnecessary items is avoided
5.2.3	Ensure that state and local government intergovernmental agreements are considered where appropriate
5.2.4	Ensure contracts are awarded only to responsible contractors with the ability to perform contract terms successfully
5.2.5	Ensure all procurement transactions are conducted in a manner providing full and open competition

5.2.6	Do not include state or local geographical preferences (except where federal statutes mandate or encourage geographic preference)
5.2.7	Ensure all solicitations incorporate a clear and accurate description of the technical requirements for the material, product, or service to be procured
5.2.8	Require cost or price analysis, including independent estimates, for all purchases over \$150,000
5.2.9	Include affirmative steps to assure that minority business, women's business enterprises, and labor surplus area firms are used when possible
5.3	Procurement policies must include guidelines for the following purchase thresholds, which must meet federal grant guidance requirements:
5.3.1	Micro-purchase (<\$10,000, no quotations, equitable distributions)
5.3.2	Small purchase (\$10,000-\$250,000, rate quotations, no cost or price analysis)
5.3.3	Sealed bids (\$250,000, formal advertising, price is a major factor).
5.3.4	Competitive proposal (> \$250,000, fixed price or cost reimbursement, request for proposal (RFP) with evaluation methods).
5.3.5	Noncompetitive proposal (solicitation of a proposal from only one source, unique product/service)
5.4	Time and material type contracts are used only after a determination that no other contract is suitable, and the contract must include a ceiling price that the contractor exceeds at its own risk.
5.5	All prequalified lists of persons, vendors, or products must include enough qualified sources to ensure maximum free and open competition, and there must be a process to ensure this list is kept up to date.
5.6	Procurement processes include keeping records that detail history of ALL procurements and at the minimum include the rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract.
5.7	Procurement policies for construction or facility improvement contracts, or subcontracts exceeding \$250,000, include a bid guarantee equivalent to 5% of the bid price from each bidder (such as bid bond or certified check), a performance bond on the part of the contractor for 100 percent of the contract price, and a payment bond on the part of the contractor for 100 percent of the contract price.
6. Performance and Financial Monitoring and Reporting (2 CFR 300.327-329; 45 CFR 75.341-343)	
6.1	Performance and Financial reports will likely be required so that DCF can meet its obligations as a recipient of federal awards, which should be no more often than quarterly except in unusual circumstances.
6.2	Annually submit a report on the status of real property if the federal government retains an interest. (Note: If federal interest is for 15 years or longer, reporting may be required at various multi-year frequencies as well.)
7. Subrecipient Monitoring and Management (2 CFR 200.330-332; 45 CFR 75.351-353) {Pass-through entity requirements}	
7.1	A formal process must be developed to analyze awards for determining subrecipient versus a contractor relationship.
7.2	Subawards made to subrecipients must include the following pieces of information:
7.2.1	Federal Award Identification (There are 13 required data elements in this item).
7.2.2	All requirements imposed by your organization on the subrecipient so that the federal award is used in accordance with federal statutes, regulations and the terms and conditions of the federal award.
7.2.3	Any additional requirements that your organization imposes on the subrecipient in order for your organization to meet its own responsibility to the federal awarding agency or DCF, including identification of any required financial and performance reports.
7.2.4	An approved federally recognized indirect cost rate negotiated between the subrecipient and the federal government or, if no such rate exists, either a rate negotiated between your organization and the subrecipient (in compliance with federal guidance), or a de minimis (10 percent) indirect cost rate.
7.2.5	A requirement that the subrecipient permit your organization and auditors to have access to the subrecipient's records and financial statements as necessary.
7.2.6	Appropriate terms and conditions concerning closeout of the subaward.
7.3	Evaluate the subrecipient for risk of noncompliance with federal regulations and terms of subaward to determine appropriate monitoring for each subrecipient.
7.4	Monitor the activities of the subrecipient as necessary to ensure the subaward is used for authorized purposes and in accordance with statutes, regulations and terms and conditions. Monitoring must include:
7.4.1	Reviewing financial and programmatic reports
7.4.2	Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies detected through audits, on-site reviews, and other means
7.4.3	Issuing a management decision for audit findings pertaining to the federal award

7.5	Verify that every subrecipient is audited as required under federal grant guidance.
7.6	Review results of subrecipient's audits, on-site reviews, or other monitoring to detect conditions that necessitate adjustments to your organization's own records.
7.7	Take enforcement action against noncompliant subrecipients when appropriate.
7.8	In order to issue subawards based on fixed amounts up to the Simplified Acquisition Threshold (currently at \$250,000), prior written approval from the federal awarding agency must be obtained.
8.	Record Retention and Access (2 CFR 200.333-337; 45 CFR 75.361-365)
8.1	Maintain a policy to verify that financial records, supporting documents, statistical records, etc., are retained for at least three years from the date of submission of the final expenditure report, or for ongoing grants, the date of submission of the quarterly or annual financial report. (Note: If any litigation/claim/audit is started before the three-year time frame, records must be retained until completed or resolved.)
9.	Closeout (2 CFR 200.343; 45 CFR 75.381)
9.1	Develop procedures to meet the following requirements for closing out grants at the end of the period of performance:
9.1.1	Must submit no later than 90 calendar days after the end of period of performance all financial, performance, and other reports required by terms and conditions.
9.1.2	Must liquidate all obligations incurred no later than 90 calendar days per terms/conditions.
9.1.3	Must promptly refund any balances of unobligated cash that the federal agency or pass-through entity paid in advance or paid that isn't authorized to be retained for use in other projects.
9.2	Must account for any real and personal property acquired with federal funds or received from the federal government.

Subpart E - Cost Principles

10.	Required Certifications (2 CFR 200.415; 45 CFR 75.415)
10.1	A certification must be included that is signed by an official who can legally bind your organization for annual and final fiscal reports or vouchers requesting payment under an agreement. The certification must read: "By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."
11.	Time and Effort Reporting (2 CFR 200.430; 45 CFR 75.430)
11.1	The organization must meet one of the following:
11.1.1	Maintain a time and effort reporting processes that include records that accurately reflect the work performed and the necessary requirements under federal grant guidance, or
11.1.2	Use budget estimates for interim accounting purposes following federal grant guidance requirements.
11.1.3	Use a substitute process or system for salaries and wages to federal awards, if the system is approved by the cognizant agency for indirect cost. Should a substitute sampling system be used, it must meet acceptable statistical sampling standards.
11.2	Salaries and wages of employees used in meeting the cost sharing or matching requirement on federal awards must be supported in the same manner as salaries and wages claimed for reimbursement from federal awards.

APPENDIX X: FLORIDA COVID-19 CRISIS COUNSELING PROGRAM

This attachment provides responses to specific elements of the Regular Services Program Application submitted under FEMA DR-4399-FL.

PART II: Response Activities from Date of Incident

#7. Describe State and local crisis counseling activities from the date of the incident to the date of this application. Enter "N/A?" if no crisis counseling activities have been conducted to date.

In lieu of committing resources to an Intermediate Services Program, the Department initiated Regular Services Program planning while simultaneously prioritizing supports to the state's behavioral health system in response to the pandemic. The State's interim response included regulatory, policy, and financial management approaches designed to safely support continuity of care in acute settings, residential programs, and outpatient programs; to increase flexibility in the administration and financing of community service delivery; and to address treatment and prevention providers concerns with capacity, sustainability, and resiliency.

To address the need for disaster-related recovery and resiliency supports, the Department collaborated with its contracted behavioral health Managing Entities to identify existing resources to expand remote service options and technologies, including expanding local crisis and help lines, and information and referral supports with existing resources. The Department's Office of Substance Abuse and Mental Health (SAMH) is repurposing approximately \$1.1 million of unencumbered current fiscal year funds for immediate community crisis counseling needs. Available through June 30, 2020, up to \$132,000 is being amended into each subcontract with the majority of the providers included in this application, fostering a short-term expansion of community psychoeducation, brief counseling and resource linkage supports. The Office of SAMH is also using existing resources to fund the development of a statewide needs and resources dashboard report and to expand 2-1-1 provider participation in the 211 Counts¹ reporting system. In late April, Managing Entities have begun to leverage existing relationships with local media to similarly repurpose small amounts or garner local media contributions to provide short-term information outreach and awareness campaigns.

The Department also coordinated with the Florida Department of Health (FDOH) and the Florida Division Emergency Management (FDEM) in identifying and disseminating resources designed to support Floridians. The FDEM's full-time Mental Health Coordinator continues to function as a conduit for inter-agency planning and resource sharing, based in the State Emergency Operations Center. FDEM collected and posted behavioral health information on coping with COVID-19 to both agencies COVID-19 public information sites. FDEM coordinated adding a script page on how to access mental health services to the FDOH's COVID-19 hotline and distributed behavioral health resource and emotional supports information to the provider community and county emergency managers daily along with links to training webinars for mental health crisis and coping skills.

The Mental Health Coordinator facilitates a voluntary Mental Health, Emotional and Spiritual Care Task Force, comprised of representatives from state agencies, non-profit organizations, treatment providers, faith-based organizations and other community partners. The task force generated and disseminated a directory of available local, state and national crisis counseling helplines. In conjunction with a Continuity of Care Task Force, focused on mass care and feeding, homeless shelter populations, special needs, and persons with disabilities, the FDEM Coordinator has prioritized accurate information and messaging, access to resources and breaking down regulatory barriers to promote access to mental health services and prescribing through telehealth technology.

¹ <https://211counts.org/home/index>

#11. Please provide a brief summary that provides key information on the scope and magnitude of the disaster, how the non-Federal entity and providers propose to provide services during the Regular Services Program (RSP), and the nature and location of the proposed services. Please include a description of the length of time services will be required and describe how long-term cases will be handled. Please describe the nature of psychological and social problems observed and the types of mental health problems encountered by disaster survivors.

#11. A. Disaster Scope and Magnitude

As of this application, the COVID-19 pandemic health crisis remains an active disaster event with no foreseeable “end date,” a circumstance which presents significant risks for long term behavioral health impact. As of April 21, FDOH reported 27,869 confirmed cases in the state, 4,226 of which required hospitalization and 867 of which resulted in death. All 67 counties have confirmed cases of COVID-19 and remain under state and local “safer-at-home” and “stay-at-home” orders of various magnitudes but affecting every segment of the population. School-systems, retail and hospitality businesses, manufacturing and agricultural enterprises, and a wide array of non-essential government functions are either shuttered, functioning remotely, or operating under stringent protective measures.

Despite considerable efforts on many fronts to project the course of the pandemic, uncertainty appears to be its dominant characteristic. Many people are experiencing emotional distress given uncertainty around the impact, spread, and scope of the disease; about how to protect against the virus; and how to care for their families. According to a poll by the American Psychiatric Association (APA), more than one-third of Americans (36%) say coronavirus is having a serious impact on their mental health and most (59%) feel coronavirus is having a serious impact on their day-to-day lives.²

The physical risk from COVID-19 to individuals ranges from risk of exposure to risk of serious illness and death. Other risks include isolation, grief, including anticipatory grief, managing increasing responsibilities and needs, and stress. Nonetheless, it is likely loss of income, and the resultant limits on individual resources that loss will bring, is the most significant risk associated with this pandemic. Early reports already identify anxiety centered around financial stress resulting from the virus’ impact on the economy. Loss of income can impact mental health and substance use disorder recovery. The same APA poll reported most adults (57%) are concerned the coronavirus will have a serious impact on their finances; while two-thirds of Americans (68%) fear the coronavirus will have a long-lasting impact on the economy.³

COVID-19 has made access to safe and supportive resources significantly more difficult. The closure of schools, workplaces, childcare, places of worship, and supportive group sites has created barriers to safe spaces for many vulnerable populations and a reduction in real-time social connectedness for virtually everyone. The effect of COVID-19 on Floridians is reflected in:

- A 459% increase in calls to the national Disaster Distress Helpline (DDH) from Florida area codes between March 1 and April 16, compared to the previous time span of January 12 through February 29. Florida area codes accounted for 7% of all DDH calls during this time period, the fourth highest call volume compared to other states.⁴

² <https://www.psychiatry.org/newsroom/news-releases/new-poll-covid-19-impacting-mental-well-being-americans-feeling-anxious-especially-for-loved-ones-older-adults-are-less-anxious>

³ <https://www.psychiatry.org/newsroom/news-releases/new-poll-covid-19-impacting-mental-well-being-americans-feeling-anxious-especially-for-loved-ones-older-adults-are-less-anxious>

⁴ Data obtained from the DDH, April 17, 2020.

- A significant statewide increase in calls to 2-1-1 crisis call agencies for resource needs.⁵ Compared to baseline data collected for February 28, between March 26 and April 21, these centers reported:
 - A 95% increase in the average daily needs reported, with an average of 674 additional needs reported each day.
 - A 53% of the increase in the statewide needs reported have been for financial assistance;
 - A 46% of the increase in statewide needs reported have been for food assistance; and
 - A 1% of the increase in the statewide needs reported have been for mental health needs, with approximately five additional needs reported statewide each day. 63% of the increase in mental health needs reported is attributed to increases in Miami-Dade and Broward counties, with the average number of daily calls increasing by 316% and 98%, respectively.
- An increase in state unemployment claims.
 - Between March 15 and April 19, 652,191 unique unemployment claims were filed in Florida.⁶
 - Between March 7 and April 4, initial unemployment claims by industry report 25% of the claimants were from workers in the accommodation and food services industry.⁷
- A decrease in spending in the food and beverage hospitality industry as hotels and restaurants closed. Spending in this industry in the state fell 27.6% in March 2020 compared to March 2019. This significant decline resulted in job loss for many service workers.⁸
- 65% of respondents to the Florida Department of Economic Opportunity Business Damage Assessment survey reported their business suffered damage. 99% of these respondents described the damage as an economic loss. 32% of these businesses are currently closed.⁹

According to the CDC, people who may respond more strongly to the stress of a crisis include:

- Older people and people with chronic diseases who are at higher risk for severe illness from COVID-19.
- Children and teens
- People who are helping with the response to COVID-19, like doctors, other health care providers, and first responders.
- People who have mental health conditions including problems with substance use,¹⁰ their families, caregivers, the mental health workforce; and the mental health treatment system.

#11. B. SCOPE OF SERVICES

For budgeting and planning purposes, the Department assumes a 9-month RSP to begin on July 1, 2020, the start of the state fiscal year, running through February 28, 2021 and requests expedited application review.

Florida's COVID-19 Regular Services Program will provide crisis counseling services in all 67 counties, including the Miccosukee tribe, using a remote service model. RSP services will be provided to survivors through a network of

⁵ 2-1-1 call data compiled by the Florida Department of Children and Families, April 22, 2020.

⁶ Florida Department of Economic Opportunity, April 20, 2020.

⁷ Florida Department of Economic Opportunity, Reemployment Assistance Claims
http://lmsresources.labormarketinfo.com/covid19/initial_claims.html

⁸ Florida Division of Emergency Management and Fiserv Spend Trend, March 2020.

⁹ Florida Department of Economic Opportunity, Business Damage Assessment survey, April 23, 2020

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

Florida's 2-1-1 service providers. 2-1-1 organizations are experienced in providing emotional support, crisis counseling, suicide prevention, and information and referral services using a variety of funding resources. The program will expand the existing capacity of twelve 2-1-1 providers, collectively reaching residents in every county, by embedding CCP-designated staff within their operations. The network will be supported by a statewide public messaging campaign designed to address general community psychoeducational needs and to promote awareness of and access to the 2-1-1 network's disaster behavioral health services.

The 2-1-1 providers will routinely connect survivors to resources while conducting telephone counseling services and will screen survivors for indications of more significant long-term behavioral health needs. Follow-Up CCP counselors, identified in each provider's budget narrative, will support warm hand-offs to treatment providers, if indicated, working closely with the Department's contracted Managing Entities to connect persons in need of financial assistance for services to the publicly funded community service array. Resource Linkage Coordinators will assist survivors and Crisis Counselors in identifying and accessing other community resources to assist with the tangible needs likely to be necessary after a significant fiscal impact. Please see **Section 12. C.** for additional details regarding the plan of services.

PART III: Geographic Areas and Needs Assessment

12. A. Estimated Population to Be Served:

OPTION A: Applicants may opt to use their own method for determining the estimated population to be served. Please cite data sources used. Please also list the proposed providers and the number of direct and non-direct staff anticipated.

The Department has adopted Option A, modifying the CCP census-based needs assessment to address the unique circumstances raised by program implementation through a network of established 2-1-1 information and referral centers across the state. The needs assessment is informed by a series of systemic assumptions and behavioral health impact assumptions unique to this disaster.

Systemic Assumptions:

The duration of the COVID-19 disaster event as an active health crisis remains uncertain and is expected to be protracted. Significant economic impact is expected on the individual, household, employer, community and state levels through a protracted recovery period of uncertain duration. During the crisis and through the recovery period, behavioral health systems of care may be challenged by increased demand for treatment services, decreased workforce capacity, financial impacts from potential revenue loss and increased costs for core service delivery. Subcontracted service providers may be challenged to take on the temporary staffing and service expansions needed to implement the traditional CCP outreach model.

Behavioral Health Needs Assumptions:

All residents of the state are at risk for stress-related negative behavioral health impact, regardless of their actual virus exposure. Economic, employment, and restricted access impacts will affect the vast majority of households and communities in varying degrees, at minimum through the end of calendar year 2020. The CCP model assumes contacts through a direct outreach program, which is not realistic due to the need for social distancing.

To adjust the model for a remote access program, the Department will embed additional staff capacity within Florida's network of 2-1-1 helplines, providing additional capacity to address behavioral health supportive counseling and educational needs and resource linkage needs. Simultaneously, the Department will provide statewide and localized public messaging encouraging coping strategies and resiliency skills-building along with promoting access to the 2-1-1 helpline networks for individual counseling services.

Service Target Assessment Methodology:

To determine staffing levels for the RSP, each participating 2-1-1 first identified a primary geographic catchment area, aligned to their pre-event service areas and adjusted to ensure statewide coverage by linked providers wherever necessary.

To determine the estimated population to be served, the Department calculated the combined census estimates for all counties in each of the services areas reached by the participating 2-1-1 service providers, as reported in the American Community Survey 2018 5-year estimates¹¹. Census totals were multiplied by the recommended maximum 2% percentage impact factor to project the number of persons likely to access crisis counseling primary services through each 2-1-1 service provider.

¹¹ US Census estimate are reported at <https://www.census.gov/data.html>.

**Florida Statewide COVID-19 Crisis Counseling Program
 Primary Service Targets**

Provider	Counties	Population <i>US Census 2018</i>	Estimated Target <i>0.02 Impact Factor</i>
A) United Way of West Florida dba Northwest Florida 2-1-1	Bay, Calhoun, Escambia, Gulf, Holmes, Jackson, Santa Rosa, Washington	787,413	15,748
B) Lakeview Center dba Chautauqua Healthcare Services - Panhandle 2-1-1	Okaloosa, Walton	266,595	5,332
C) 2-1-1 Big Bend, Inc.	Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla	440,774	8,815
D) First Call for Help of Broward, Inc. dba 2-1-1 Broward	Alachua, Bradford, Broward, Dixie, Gilchrist, Lafayette, Levy, Union	2,297,274	45,945
E) United Ways of NE FL 2-1-1	Baker, Clay, Columbia, Duval, Hamilton, Nassau, Putnam, St. Johns, Suwannee	1,675,450	33,509
F) 211 Brevard, Inc.	Brevard, Flagler, Volusia	1,211,581	24,232
G) Heart of Florida United Way	Citrus, Collier, DeSoto, Hardee, Highlands, Lake, Manatee, Marion, Orange, Osceola, Pasco, Polk, Sarasota, Seminole, Sumter	5,557,629	111,153
H) 211 Tampa Bay Cares, Inc.	Hernando, Pinellas	1,140,571	22,811
I) Crisis Center of Tampa Bay 2-1-1	Hillsborough	1,378,883	27,578
J) 211 Palm Beach / Treasure Coast	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	2,101,005	42,020
K) United Way of Lee County, Inc dba United Way 211 (Fort Myers)	Charlotte, Glades, Hendry, Lee	949,123	18,982
L) Jewish Community Services dba Helpline 2-1-1	Miami-Dade, Monroe	2,791,841	55,837
	Statewide Total	20,598,139	411,963

12. B. Staffing Needs:

To determine staffing needs, the Department is not adopting the CCP's traditional 300:1 direct staff ratio. Unlike the traditional CCP model, the staffing plan will not be implemented as a stand-alone outreach team; rather, these positions will be embedded into provider staffing where and as needed to support the anticipated increase in call volume.

It is important to note each 2-1-1 provider already provides behavioral health counseling, psychoeducation supports, resource information, and referral linkage as core mission services. All 2-1-1 providers maintain call center operations accredited by the Alliance of Information and Referral Systems¹² providing emotional support, resource linkage and care coordination. All 2-1-1 staff receive training and quality assurance supervision and support in critical skills, similar to those of a Crisis Counselor, in listening support, assessment, identification of local connections, call education and preparation, resource linkage and warm transfers, identification of need for crisis intervention or behavioral health treatment referral, and encouraging follow up for all persons accessing 2-1-1 services.

It should also be noted, the positions requested in this application will be functioning within each 2-1-1 provider's existing operations. The program targets above reflect anticipated increased call volume to be served by the additional staff temporarily funded under this application. All existing 2-1-1 call center counselors will also be providing comparable services to impacted survivors. All existing counselors will have access to CCP-supported additional training and resources on such topics as disaster behavioral health risk factors, common reactions and disaster-specific intervention strategies.

To develop their staffing plans, each provider analyzed the projected increase using their historical data on performance standards per front-line call center Full-Time Equivalent (FTE), taking into account data on typical call duration; follow up and documentation time; and time spent on training, quality assurance, stress management and related staff supports. Providers also considered unique circumstances applicable to their existing operations and to their service locations. Some 2-1-1 providers operate on a 24/7 model, others operate on a more limited schedule with late-night or weekend calls routed to neighboring affiliates during any down time.

This generated an initial statewide estimate of 66 FTE Crisis Counselors to be embedded into provider operations. Anticipating some survivors of a long-term event with significant financial impact are likely to benefit from follow-up CCP services, this program also includes an additional 15.5 FTE Follow-Up Counselors. While these staff may also be answering front-line calls, their primary focus will be providing additional counseling, education, and resource linkage supports to callers who request follow-up, to callers identified with complex resource linkage needs, and to support warm handoff for callers needing referrals to community behavioral health treatment services. Providers will use their existing peak call volume data to assign Crisis Counselors and Follow Up Counselors to each provider's availability schedule to target broadest possibility service availability.

Before requesting additional Team Leaders, providers first considered their capacity to absorb the supervision, coordination, training, and staff support functions using existing resources. The primary consideration here was to ensure seamless integration of Crisis Counselors into existing operations, ensuring quality assurance accreditation standards are maintained, while simultaneously ensuring CCP standards on scope of service, training, data collection, and self-care are maintained. Five providers determined this role can be absorbed into existing positions with no increased staffing, while six providers identified the need for up to one FTE in an additional supervisory position. Heart of Florida United Way, responsible for more than 1/5th of the counties and more than 1/4th of the target population, identified the need for both Crisis Counselors and Team Leaders throughout its entire 24/7 operations. Its central Florida communities include some of the state's largest tourism, hospitality and rural agricultural industries which are all braced for significant long-term financial stressors.

Nearly all providers identified the need for additional Resource Linkage Coordinators, responsible for identifying, verifying and educating counselors and survivors on the availability of resources to address survivors needs. As of

¹² www.airs.org

April 21, 2020, Florida's 2-1-1 providers report a 95% increase over baseline data from February 28, 2019, in the average number of daily resource needs presented by survivors, an average of 674 additional needs over baseline reported each day. 53% of the increased needs are for financial assistance resources and 46% are for food assistance. Providers currently report a 1% increase over baseline for behavioral health treatment needs, the majority of which are in Miami-Dade and Broward counties. Assuming the trend continues or expands depending on the duration of the event, the program plans to ensure each provider is equipped with additional resource coordination capacity.

Finally, seven providers identified specific additional support staff needs, based on their existing capacity, related to onboarding and managing the additional CCP direct service staff. Details for each support function are included in each provider's budget narrative.

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 COVID-19 RSP Application
 Attachment A

Provider	Counties	Staffing Plan		Direct Services Staff			Total Direct	CCP Support	Total FTE
		Service Target	Crisis Counselor	Follow Up Counselor	Team Leader	Resource Linkage			
A) United Way of West Florida dba Northwest Florida 2-1-1	Bay, Calhoun, Escambia, Gulf, Holmes, Jackson, Santa Rosa, Washington	15,748	6.00	1.00	1.00	1.00	9.00	0.20	9.20
B) Lakeview Center dba Chautauqua Healthcare Services - Panhandle 2-1-1	Okaloosa, Walton	5,332	1.00	1.00		1.00	3.00		3.00
C) 2-1-1 Big Bend, Inc.	Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla	8,815	3.00	1.00		1.00	5.00		5.00
D) First Call for Help of Broward, Inc. dba 2-1-1 Broward	Alachua, Bradford, Broward, Dixie, Gilchrist, Lafayette, Levy, Union Baker, Clay, Columbia, Duval, Hamilton, Nassau, Putnam, St. Johns, Suwannee	45,945	6.00	1.00	0.50	1.00	8.50	0.40	8.90
E) United Ways of NE FL 2-1-1	Brevard, Flagler, Volusia Citrus, Collier, DeSoto, Hardee, Highlands, Lake, Manatee, Marion, Orange, Osceola, Pasco, Polk, Sarasota, Seminole, Sumter	33,509	6.00	1.00		1.00	8.00	0.45	8.45
F) 211 Brevard, Inc.	Hernando, Pinellas Hillsborough	24,232	3.00	1.00		1.00	5.00	0.35	5.35
G) Heart of Florida United Way	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	111,153	12.00	2.00	4.00	2.00	20.00		20.00
H) 211 Tampa Bay Cares, Inc.	Charlotte, Glades, Hendry, Lee	22,811	6.00	2.00	1.00	1.00	10.00	1.50	11.50
I) Crisis Center of Tampa Bay 2-1-1	Miami-Dade, Monroe	27,578	4.00	3.00	1.00	1.00	9.00		9.00
J) 211 Palm Beach / Treasure Coast	Statewide	42,020	6.00	1.00	1.00		8.00	0.25	8.25
K) United Way of Lee County, Inc dba United Way 211 (Fort Myers)		18,982	3.00	0.50		0.50	4.00	0.15	4.15
L) Jewish Community Services dba Helpline 2-1-1		55,837	10.00	1.00	1.00	1.00	13.00		13.00
Totals		411,963	66.00	15.50	9.50	11.50	102.50	3.30	105.80

12.C. PLAN OF SERVICES

2-1-1 Network: Background and Experience

A network of twelve 2-1-1 providers will provide RSP services covering the entire state. Each is nationally accredited by the Alliance of Information and Referral Systems (AIRS) for rigorous quality standards for service delivery, and organizational and program administration. 2-1-1 providers offer general listening support, education, information, referral, and disaster services. Most are blended centers also offering crisis intervention and suicide prevention. Blended 2-1-1 providers are nationally accredited by the American Association of Suicidology (AAS) and are National Suicide Prevention Lifeline partners, answering calls to the national suicide helpline for their local communities. The Florida 2-1-1 network is authorized to serve as the single point of coordination for information and referral for health and human services under Chapter 408.918, F.S..

Nine of the providers offer multilingual services 24-hours a day, 365 days per year, even during disasters. Three providers operate slightly more limited in-house schedules and route evening, weekend and holiday calls to neighboring 2-1-1 providers. Some providers operate on a call center-only basis; others have additional capacity for web-based interactions and text, chat, or email supports.

All are regularly involved in response and recovery efforts for local and state disasters, including hurricanes, wildfires and tornados; along with specialty responses for such events as the Deepwater Horizon oil spill, the Marjory Stoneman Douglas High School and Pulse night club shootings. Using existing resources, all are currently providing emotional support and resource referrals to Floridians impacted by the COVID-19 pandemic. 2-1-1 organizations partner with their local Emergency Operations Centers to answer calls from residents, maintain up-to-date information about whether and what local services are operating, and communicate information out to residents and first responders.

In 2018, Florida's 2-1-1 providers responded to 885,044 calls and 175,523 text, chat, and email contacts. Most callers expressed needs related to mental health or substance use, including opioid use and thoughts of suicide, health care, income or financial, and domestic violence or victim assistance. As a result of the COVID-19 pandemic, all 2-1-1 providers have experienced increased call volume, and project the increase will continue as the state navigates the uncertainties of the crisis and the resulting aftermath of unstable economic situations. As of this application date, the majority of calls express needs related to finances, income, employment and food. A relatively small percentage are currently reporting behavioral health concerns. 2-1-1 providers anticipate the percentage needing behavioral health supports are likely to rise given the duration of the event and of any expected long-term economic impact remains unknown. Some providers anecdotally report a slight, irregular increase in calls with individuals who are having thoughts of suicide.

Many 2-1-1 providers report they rely on trained volunteers to augment paid telephone crisis call operators. Many volunteers are university students or parents of school aged children whose availability has been impacted due to school closures and related circumstances, generating concerns that continued increased call volume may result in more calls than can be responded to within existing resources.

CCP Services and Position Descriptions

This RSP will leverage existing 2-1-1 provider resources to assist individuals in need of any behavioral health or emotional support, including those experiencing increased stress, anxiety and other possible negative reactions to the COVID-19 pandemic. CCP-funded staff will provide Individual Crisis Counseling, Brief Educational and Supportive Contacts and Assessment, Referral and Resource Linkage services. As well-known community partners with existing expertise in behavioral health supports, these providers are uniquely situated to provide broad statewide access to behavioral health and emotional support services that can be safely accessed in the remote service environment required in response to ongoing COVID-19 contact restrictions.

The RSP will add capacity within each 2-1-1 provider to absorb the projected 2% of population likely to access CCP services. Each provider's staffing plan identifies unique numbers of Crisis Counselors and Follow-Up Counselors serving in the role of 2-1-1 counselors, along with Resource Linkage Coordinators and Follow-Up counselors.

Resource Linkage Coordinators will ensure providers are equipped with resource information specific to the needs of impacted individuals and will assist in strengthening relationships with external community resources and traditional mental health and substance use treatment providers to ensure effective linkages. Any Floridian in need of assistance or emotional support can call 2-1-1 from their phone and be connected with a trained crisis counselor in the nearest community hub. All 2-1-1 providers maintain websites with local resource information which will be leveraged to provide CCP services. Many offer the option to text or chat with a counselor for callers that prefer that method of communication. All Crisis Counselors are trained to provide information about food and housing, health and wellness, mental health and suicide prevention, disaster recovery, and family support.

The Department will simultaneously support awareness of and access to RSP services through a statewide public messaging campaign across multiple media platforms to promote coping, resiliency, self-care skills, and 2-1-1 provider services. The Department will procure professional public relations services for creative content development, campaign management and both statewide and local advertising placement. The CCP will be concurrently branded to leverage the baseline community awareness of 2-1-1 services while developing additional psychoeducational and promotional outreach materials, including public service announcements for television and radio, press releases, social media posts, and strategic placement of advertisements and psychoeducational materials in high traffic venues such as on public transportation, gas pump toppers, bathroom posters, window clings, and other outlets. The Department will also link and disseminate educational and promotional materials among its partner agencies, including county governments, health care and behavioral health providers, school systems, TANF and Economic Self-Sufficiency centers, workforce and unemployment agencies, and others.

All 2-1-1 provider staff, including CCP-funded staff, will receive additional training specific to responding to the needs and typical reactions of individuals experiencing a disaster. In this way any person who contacts a call center will interact with a counselor who has the skills to provide emotional support, information about and referral to available resources. Some callers will receive what they need during their first contact while others may need several contacts to help them get back on their feet. In many cases, Crisis Counselors will remain available to provide follow-up support. Anticipating some cases may need more extensive coordination supports or may present issues reflecting a potential referral to behavioral health treatment services, providers will identify lead Follow-Up Counselors responsible for engaging survivors with more significant impact and ensuring effective resource referral and connectedness.

PART IV: Resources and Capabilities

#13. Describe the current mental health resources and explain why they cannot meet the disaster-related mental health needs caused or aggravated by this disaster.

The Department's Office SAMH is the designated State Mental Health Authority with primary responsibility for setting and implementing statewide mental health policy and program development. The Director of SAMH reports to the Assistant Secretary for Substance Abuse and Mental Health.

Six Regional Offices are responsible for implementation and oversight of the Department's programs. Regional Managing Directors, reporting to the Assistant Secretary for Operations, are responsible for the operation of regional program offices. Community substance abuse and mental health programs are implemented through SAMH Regional Directors who report to the Regional Managing Directors.

Regional SAMH Offices contract with behavioral health Managing Entities, as defined in s. 394.9082, F.S., to administer community services through subcontracted networks. Each of the seven Managing Entities is responsible for developing, administering, and monitoring a comprehensive array of services provided by subcontract Network Service Providers within a specific geographic region. Additional detail regarding Managing Entity contracts is available at: <http://www.myfamilies.com/service-programs/substance-abuse/managing-entities>

Issues of Note to Existing System

In this extraordinary time of the pandemic, the focus of the Managing Entities and Network Service Providers existing services must be on access to care, adapting service provision to keep with the mandates of social distancing, and preparing for a potential increase of mental health and substance abuse treatment needs of individuals. Therefore, the RSP services proposed in this application will be administered directly by the Office of SAMH, not through contracts with Managing Entities and Network Service Providers.

Current SAMH Service Capacity

The Department's behavioral health services budget is legislatively allocated for clinical treatment services to persons diagnosed with Serious Mental Illness (SMI) or a Substance Use Disorder (SUD), to children diagnosed with a Serious Emotional Disturbance, to persons experiencing a behavioral health crisis in need of voluntary or involuntary temporary commitment under the Florida Baker Act or Marchman Act, and to persons with criminal justice involvement who are court-ordered into services under incompetency determinations or verdict of not-guilty-by-reason of insanity. No funds are available for disaster behavioral health response services to address the non-clinical traumatic impact of a disaster, such as are provided by the CCP. The Florida public mental health system does not have resources to address the disaster-related behavioral health needs anticipated in the wake of this event. In the event crisis counselors encounter persons needing more intensive treatment, the 2-1-1 CCP providers are well-positioned to provide referrals for clinical assessment and treatment services. Crisis Counselors will be able to make referrals to traditional clinical programs in the community as needed.

14. Has the non-Federal entity received funds for mental health disaster response from any other sources (e.g., U.S. Department of Education, foundations)? If so, how much and how are these funds used?

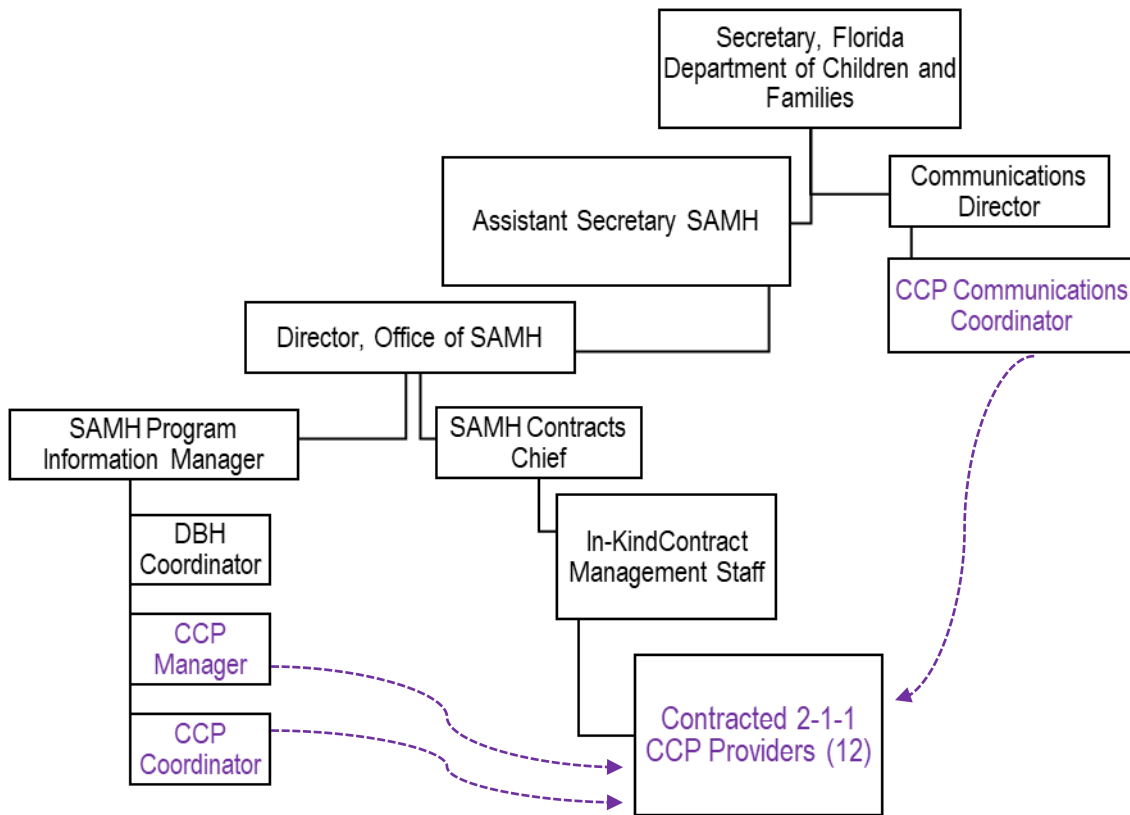
The Substance Abuse and Mental Health Services Administration recently awarded the Department \$1,999,828 under *Emergency Grants to Address Mental Health and Substance Use Disorders During COVID-19* (FOA No. FG-20-006). The Department has allocated \$1,800,000 in grant funds to purchase an array of behavioral health services for the target populations. Specifically, \$600,000 will be allocated to IMPOWER, subcontractor to Central Florida Cares Health Systems to provide psychiatric and therapeutic services via telehealth for healthcare practitioners and individuals experiencing mental health and/or substance use issues as a result of COVID-19. The remaining \$1,200,000 will be allocated to Managing Entities based on highest impact of COVID-19 in their service area to serve individuals with serious mental illness and/or substance use disorders. These funds will purchase crisis intervention, behavioral health treatment, and recovery support services.

PART V: Program Administration

#16. Insert or attach an overall organization chart for this project.

Statewide implementation oversight of the RSP will be provided on an in-kind basis by the Department's Disaster Behavioral Health Management Team. Programmatic oversight and technical assistance include support to the 2-1-1 Management Teams and to each 2-1-1 Crisis Counselor.

The following chart outlines the Department's organizational structure engaged in the RSP. Direct report lines of authority are represented in solid black lines. Subject matter experts' support and program implementation guidance responsibilities are represented in dotted lines. CCP-funded positions are in purple text.



#17. Provide a brief description of administrative oversight plans (supervision and monitoring of crisis counselors, team leads, data collection efforts, managing and monitoring staff stress, etc.).

Oversight will be provided in accordance with the Department's existing organizational structure with statewide oversight provided by staff in the Headquarters SAMH Office. Members of the Headquarters Disaster Behavioral Health Management Team possess extensive experience in the Florida behavioral health service array and will serve as existing resources. These services are provided in addition to their primary functions on an in-kind basis and their salaries are not included in this application. The DBH Management Team includes:

- Elyse Linn, Disaster Behavioral Health Coordinator (DBH), as Project Lead and primary point of contact for the program;
- Jimmers Micallef, Chief of SAMH Contracts, responsible for oversight of direct report staff responsible for implementation management of the contracted 2-1-1 providers and the public messaging campaign; and
- Heather Allman, Program Information Unit Manager, providing supervision of the Disaster Behavioral Health Coordinator, review of required reporting and back up to the Project Lead as needed.

The DBH Management Team provides program management, policy guidance, oversight and technical support in implementing budgeting, purchasing, contract management, reporting and program evaluation services necessary to manage the program as an integrated model. The DBH Management Team establishes standards for on-site monitoring, along with specifications for continual quality assurance and quarterly reviews.

In addition to the DBH Management Team, a CCP Manager, CCP Coordinator, and CCP Communications Coordinator are included as grant-funded oversight positions. The CCP Manager is responsible for implementation of the RSP, under the direction of the DBH Coordinator. The Manager will be the main program liaison between the state and the 2-1-1 providers, including integration of the messaging campaign into the 2-1-1 systems. The Manager oversees training, reporting, data analysis, and fiscal monitoring; works with other agencies to ensure coordination of behavioral health response and prevent duplication of services; and is responsible for state-level partnerships.

The CCP Coordinator supports the CCP Manager working closely on program implementation. The Coordinator functions as a technical liaison with data staff, training staff and fiscal staff at the 2-1-1 providers, ensuring Crisis Counselor services address program standards. The Coordinator will facilitate provider training needs, including on CCP data collection forms, will support contract implementation through data analysis and validation, and will provide feedback and recommendations to monitor and improve program services. The Coordinator will support quarterly expenditure reporting analysis and verification and will conduct service data analysis to identify and address any issues requiring a mid-program correction. The Coordinator is available to providers to work on unique problems or system issues.

The CCP Manager and CCP Coordinator will conduct individual monthly check-ins with each provider for onboarding, training, and technical assistance to ensure providers' needs are met. Additionally, they will have monthly group conference call meetings with all providers, including the public messaging provider, discussing services and needs. Agendas for these monthly meetings will combine identification of trends, interventions, feedback on ongoing data, needs assessment activity, technical assistance for program implementation, staff support through supervision and opportunities for stress management activities, and next phase messaging.

The Department's Director of Communications will provide oversight of a CCP Communications Coordinator, responsible for subject matter expert oversight of the contracted public messaging provider, coordination of messaging with each 2-1-1 provider, identification of local messaging needs and opportunities and integration of CCP messaging within the Department's system wide and inter-agency information dissemination activities.

The CCP is subject to the full array of fiscal oversight established for all SAMH services funded by the Department. This includes service, invoice and expenditure validation of provider activity; and routine monthly, quarterly and annual expenditure reconciliations and ad hoc general ledger audits.

#18. How will the non-Federal entity monitor the organization and deployment of crisis counseling teams? If more than one provider agency will be delivering services, please describe the plan to coordinate services. If more than one provider will cover a service area, please attach or include a map that shows how the responsibility for that service area will be divided.

Unlike Florida's historical approach to disaster programs, this RSP will not operate on a traditional community outreach team model. Given the expected ongoing uncertainty and anxiety associated with direct interventions, this program will provide remote primary service capacity by embedding counselors within existing 2-1-1 providers, ensuring survivors have access to CCP services. Instead of deploying counseling teams throughout impacted communities to locate survivors in need of support, this program will use a coordinated messaging campaign, as described in Section 12, to help survivors identify and access CCP services available within local 2-1-1 providers.

As noted, all 2-1-1 provider counselors have training and experience in active and empathic listening, in the fundamentals of psychological or mental health first aid and in providing trauma-informed supportive engagements to all callers. The program will ensure all 2-1-1 staff, not just the CCP grant-funded staff, receive disaster-specifics education on common reactions and appropriate interventions in order to ensure survivors receive support, regardless of who answers a particular call.

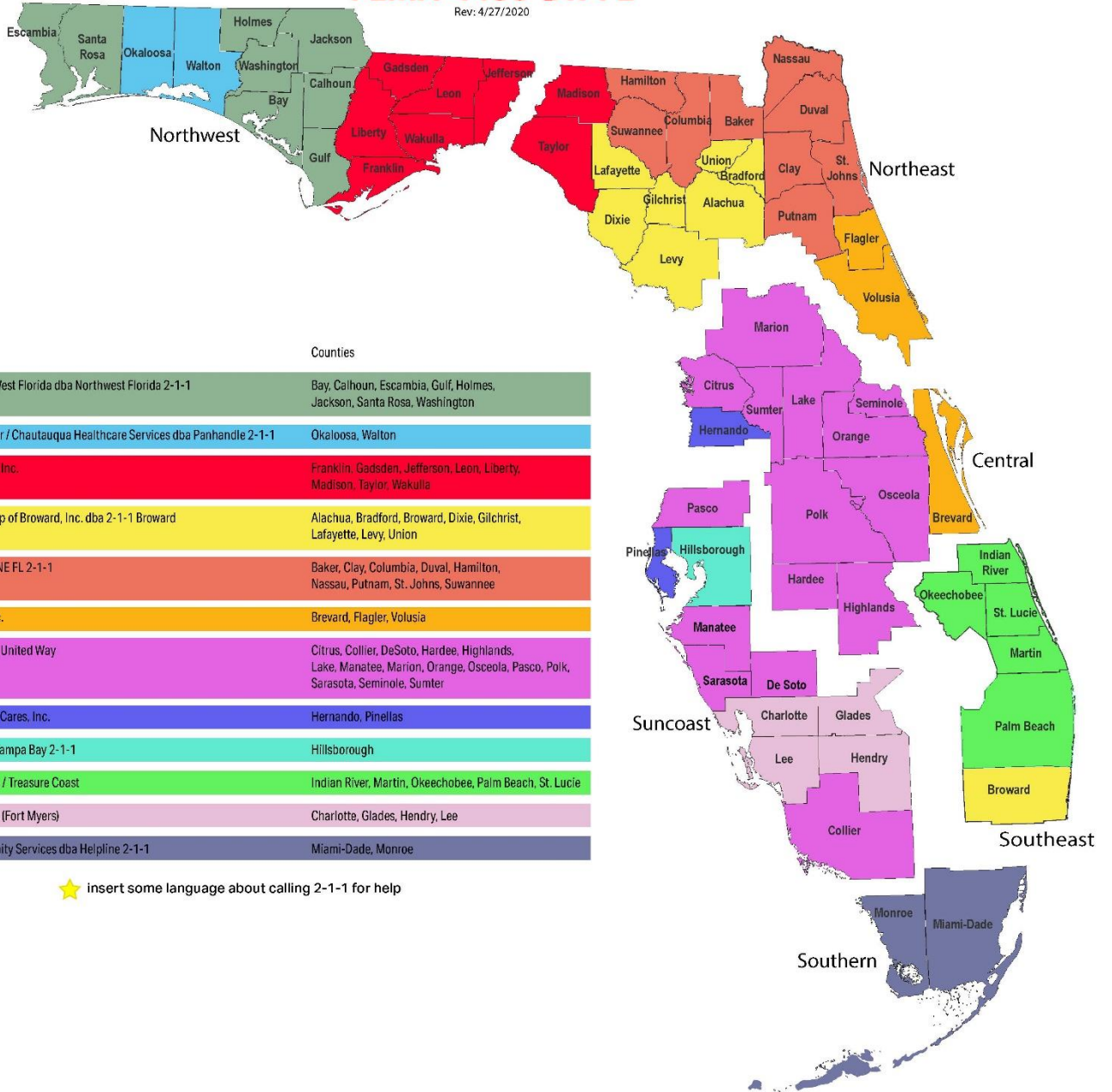
The OPS Communications Coordinator will ensure the statewide messaging campaign is coordinated, regularly seeking input from existing communications staff at each provider on messaging content, design and placement decisions to support identified local conditions and opportunities.

The Department will continue to coordinate with the Florida Alliance of Information and Referral Services, designated in section 408.918, F.S., as ... "collaborative organization for the state which is responsible for studying, designing, implementing, supporting, and coordinating the Florida 211 Network ..."

The map on the following page identifies each 2-1-1 provider's assigned primary service location, aligned with counties within their existing operational reach.

Florida Department of Children and Families, Substance Abuse and Mental Health
FEMA-4486-DR-FL

Rev: 4/27/2020



★ insert some language about calling 2-1-1 for help

#19. Describe the non-Federal entity's plan for quality control methods to ensure appropriate services reach survivors.

The CCP Manager and Coordinator will monitor recruitment, staffing, deployment, and service delivery primarily through regular review of provider reports and data submissions. The Department uses a summary narrative report template, aligned to the CCP quarterly and final reporting template, to collect regular updates on local activities, current service priorities and future planning needs. Reviews will be discussed in program conference calls and technical assistance for program development will be provided as necessary.

SAMH Contract Managers will conduct monthly program reviews and will provide feedback to the CCP management staff on identified services needs, implementation challenges, messaging needs, and identification of special populations or resource gaps encountered during the course of services. SAMH Contract Managers will be the conduit to ensure contractual and audit standards are maintained throughout the RSP. The CCP Manager will serve as program approver of all provider invoices.

2-1-1 organizations have their own data system and collect data similar, but not identical to, the fields captured in the CCP Online Data Collection and Evaluation System (ODCES). The DBH Management Team is exploring methods to marry the two data systems so that reporting data would not necessitate duplicate data entry into the 2-1-1 system and into ODCES. The DBH Management Team is consulting with SAMHSA DTAC for efficient methods for data to be provided to SAMHSA. The Department anticipates additional data elements, not captured in ODCES, may become available to support program planning and oversight. Any additional data will, however, be maintained separately from ODCES data required by CCP regulations.

Both CCP-funded and existing 2-1-1 staff will receive training on SAMHSA's ODCES. All providers will comply with the CCP data collection, reporting and program evaluation standards established in the CCP toolkit. 2-1-1 providers will submit weekly data and narrative summaries to the CCP Coordinator for analysis and identification of program trends, level of activity, effectiveness, and recurrent needs assessments. Conference calls will provide opportunities to review data, report program trends, discuss effective strategies and prepare for shifts in the program's focus.

#20. With what organizations and community stakeholders will you partner? Select all that apply:

In addition to the Florida Division of Emergency Management and to the full range of community partners already connected to both 2-1-1 providers and the Department through existing channels, the Department will ensure all Managing Entities and Network Service Providers are engaged in assessing and accepting referrals for treatment needs.

#21. Briefly describe how you will engage with the partners identified above.

2-1-1 service providers routinely engage with the organizations and community stakeholders listed in Question 20 as part of their non-disaster services in the community. 2-1-1's resource database includes 12,514 agencies and 33,967 programs. 2-1-1 service providers maintain online local resource portals. 2-1-1 providers will expand, update, and validate community resources during the RSP. Existing statewide 2-1-1 specialty services provided through partnerships with the Florida Department of Agriculture and Consumer Services, the Florida Department of Health, and the Florida Veteran's Administration will continue during the RSP.

#25. Describe the non-Federal entity's plan to ensure clear program identity (educational materials, wellness messaging, logos, etc.) and market the program (including website, hotline, social media, public services announcements, etc.).

Unlike a typical RSP that is implemented to respond to a disaster encompassing a specific region or geographic area, the use of a single logo will not work in a pandemic effecting an entire state and nation. In addition to the statewide comprehensive public messaging campaign that will be used across multiple media platforms to promote coping, resiliency, self-care skills, and awareness of 2-1-1 call center services and supports, the RSP will fund each 2-1-1 call center to conduct local marketing. In this way, each call center can customize messaging to their community based on local needs and differences in capacity and resources. Each 2-1-1 call center is unique, and this will allow them to share information and link the community to their own webpages.

#25. Briefly describe the facilities to be utilized and your plan for securing office space for this project.

No CCP-funded office space is required for this project. Assuming continued telework requirements end during the program, CCP management staff will be incorporated into space housing the existing Office of SAMH and all CCP provider staff will be incorporated into existing space housing 2-1-1 call center operations.

#27. The CCP requires mandatory training during the RSP as described in the CCP guidance. Please describe the proposed training program for project staff, indicating the number of workers needing such training. Also include additional training (if any) that you plan to provide and the rationale for such training.

CCP staff will participate in both 2-1-1 trainings and CCP trainings. As part of their accreditation standards, 2-1-1 provider staff participate in regular 2-1-1 training mirroring some of the CCP training content. The Department is coordinating RSP training with SAMHSA DTAC to identify available CCP Training Cadre members to co-facilitate CCP Module 1, 3, and 5 trainings. SAMHSA DTAC has also notified the Department of its intent to revise standard CCP training modules to address the unique circumstance of this event. All training will be provided remotely.

Pending review of this application, the Department has initiated an in-depth review of CCP training modules by selected 2-1-1 Training and Quality Assurance representatives. This review will identify existing 2-1-1 training overlapping CCP content, provide recommendations on effective remote training options and logistics, identify educational opportunities for disaster-specific skills for both CCP staff and to other 2-1-1 counselors. The Department will engage SAMHSA CCP training consultants and cadre members in adapting, where necessary, required trainings to the unique circumstance of this event. The CCP Coordinator will be responsible for ensuring training needs for each provider are addressed throughout the program.

The table below is a preliminary draft training plan, identifying major training milestones for the program. The training dates, content and associated details for each training will be finalized in coordination with SAMHSA project officers following the anticipated award

Training Scope	Target Date	Providers	Duration
Crisis Counseling Core Content: <i>Scope, Services, Reactions, Interventions and Data</i>	Month 1 2 events	6 Providers <i>Northeast, Northwest, and Central</i> 6 Providers <i>South, Southeast and Suncoast</i>	1 day each
CCP Management	Month 1 1 event	12 Providers	0.5 day
RSP Mid-Program <i>Evaluation of changing local needs, reactions and community partners, Opportunities for expanded direct engagement, mid-course adjustments</i>	Months 4 and 5 3 events	4 Providers <i>Northwest and Northeast</i> 4 Providers <i>Central and Southeast</i> 4 Providers <i>South and SunCoast</i>	1 day each
Phase Down <i>Service reductions, Connections and Communications, Unmet Needs and Reporting</i>	Months 6 and 7 6 events	2 Providers each Sequence tbd	0.5 days each

The DBH Management Team includes two CCP trainers, Jimmers Micallef and Elyse Linn, who will co-facilitate these trainings with trainers from the CCP Training Cadre. The Department will provide remote training in compliance with social distancing expectations. Each training is tentatively scheduled for a half day or one-day event, each delivered at least twice to accommodate CCP staff availability. The CCP Manager will coordinate the training logistics and conduct post-training evaluations, which will be completed online. CCP staff onboarding before or after Module 1, Core Content Training, will complete SAMHSA’s “Just in Time” training.