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## REQUEST FOR INFORMATION

### Behavioral Health Consultant

### Questions & Answers

RFI #: 161705BHC

1. Why is there a need for a licensed individual to staff this position? The Central Region of DCF currently staffs a similar position in C-10. This individual is a master's level provider. Do you see this as a potential direct or vicarious discord between the Child Welfare system and CFBHN regarding the services rendered between the two entities (the DCF and the CFBHN funded positions) as a result of your license requirement?

**We have 4 other positions in the Suncoast Region, all are licensed. The position is not to work with the family directly, but as a consultant/subject matter expert to the CPI. In 2011, the State of Florida began the implementation of the Child Welfare Practice Model. Part of this implementation required child welfare staff to utilize subject matter experts during case decision making.**

2. What is CFBHN budget for this bid?

**\$70,000 annually; if the contract can be in place by March 1<sup>st</sup>, the amount for the remainder of this fiscal year will be \$23,333.**

3. Will this amount include ancillary administrative expenses like consultant benefits, Social Security and Medicaid match requirements, paid time off, travel, training, and assigned administrative overhead or do bidders submit a budget accounting for all these expenses in addition to the budgeted dollars?

**The \$70,000 would be inclusive of all these expenses.**

4. Will there be "on-call" time for activity occurring after or before normal work hour and being available for such activity?

**No, the budget likely will not allow for it. The BHC's are a salaried position and can work their schedule as they deem appropriate by flexing hours, however this is not a 24/7 position, nor is on-call a requirement or expectation.**

5. Please, define the normal work hours?

**Monday through Friday, 8:00 am to 5:00 pm. See response to question #4.**

6. Will this position be included as “recurring” funds in the provider contract with CFBHN?  
**Yes, the funds will be recurring through the end of CFBHN’s current contract, June 30, 2020.**
  
7. To what OCA will the dollars be assigned (MSA \_\_)?  
**MSA00 / MSA11.**
  
8. Will outreach billing need to draw down the entire budgeted amount?  
**Yes.**
  
9. If so, what if the current outreach rate will not allow full utilization of the budgeted amount? Will there be an adjustment to the outreach rate? Will that rate uniformly approved by CFBHN to allow full utilization of budgeted dollars?  
**The Outreach rate is set at \$44.58.**
  
10. Are there required DCF or CFBHN trainings that the consultant will need to attend to comply with regulation? If so, please identify those trainings and time required to attend such trainings.  
**Recommended training is the Florida Practice Model for providers and FSFN; other trainings may come up that have not yet been identified.**
  
11. Since there is utilization of substance abuse dollars, will CFBHN require a site license at the designated Sebring, FL location in which to operate?  
**CFBHN has not required a licensed at any of the other sites. Per 65D-30, Outreach is not a substance abuse component that requires a DCF license.**
  
12. Is there office space, appropriate for the consultant to conduct business, at the designated Sebring, FL location?  
**DCF is the agency at this location and is very willing to work with us to find appropriate space as they have requested this position.**
  
13. Will the designated location charge the provider a rental fee for being co-located at the location? If so, what is that fee?  
**No.**
  
14. Due to the rural nature of Highlands and Hardee Counties, does CFBHN anticipate any difficulties by the provider in identifying, clearing, and hiring a licensed individual for this position in the time

frame between the notice of intent to award the contract and the April 1, 2017 start date? If so, will CFBHN consider another start date, other than April 1, 2017 to begin services with the awarded provider?

**CFBHN is willing to work with the selected provider.**

15. Who is the evaluation team? Can you please name either the evaluators or the agencies that they work for?

**We cannot share this information.**

16. Can you please provide a copy of the blank scoring sheet?

**No, we cannot.**

17. Will applications and verbal presentations be scored separately? If so, will they be averaged together for an overall score?

**Yes, they will be scored separately. Those chosen from the applications will be invited in for oral presentations. The oral presentations will be scored on their own.**

18. Can you please confirm that the intent of this RFI is to award funding based on the overall best score?

**No. Please see response to question #17.**

19. Can you please describe how the 45 minutes for the verbal presentation will be allocated?

a. For example, if vendors use PowerPoints or Handouts, will there time allotted for set up, presentations, and questions?

**Initial setup and questions should be part of the 45-minute allotted time. Once you've completed your setup, the clock will start.**

20. Do all materials used have to be submitted to CFBHN or can we use our own equipment and thumb drives during the oral presentation?

**You may use your own equipment and thumb drives during the oral presentation. CFBHN will set a webinar for each presentation, which the vendors will be required to register for, and record the presentation through the webinar.**

21. Page 1 of the RFI states: “\*All vendors are hereby notified that the meetings noted with an asterisk above (\*) are public meetings open to the public as provided in Chapter 119, Florida Statutes, and may be electronically recorded by any member of the audience. Although the public is invited, no comments or questions will be taken from vendors or other members of the public (except for the Vendor Solicitation Conference, in which comments and questions will be taken from vendors).”

a. Since none of the items listed in the schedule above have an asterisk, can you please clarify whether or not the vendor presentations are open to the public?

**No, the vendor presentation are not open to the public.**

b. Additionally, if the vendor presentations are open to the public, can you please post a schedule to the Competitive Procurement Advertisements web page when it becomes available?

**N/A.**

22. Is the expectation that the BHC is meeting with the client/family and providing a diagnosis?

**No; the role of the BHC as described in the RFI is to be a consultant to the CPI. A consultant is defined as “a person in a position to have some influence over an individual, a group, or an organization, but who has no direct power to make changes or implement programs.” Peter Block, Flawless Consulting (2nd Ed.), 2000. This is the most important part of this position. The BHC’s DO NOT diagnose or provide assessment or any treatment to the family. They act as a Subject Matter Expert (SME) to the CPI.**

23. Are local providers in compliance with providing medical records within the 12 hour timeframe to the BHC?

**Processes will need to be put in place in the specific area to ensure the records will be received timely.**

24. Does the BHC provide the BHC to the CPI and it becomes a part of the investigative record?

**Yes, the information that the BHC collects is provided to the CPI to assist with completing the FFA.**

25. The BHC requires child welfare experience, can you explain what level of experience you are looking for?

**Someone who is familiar with the process of child welfare, as they will need to understand the role of the CPI, maltreatments, safety assessment, CBC, MDT process, etc...**

- a. Are you requiring the licensed candidate is also a certified child welfare case manager, or that they have experience working alongside child welfare?

**No, the BHC does not need to be a licensed CM.**

26. How is the work of the BHC included in the scorecard performance measures?

**At this time the measures are not included in the scorecard.**

27. Is the BHC required to complete state reporting forms when going into the field with the CPI to meet the family?

**The BHC consultation form is entered in FSFN along with any other contacts made with the family, CPI, other providers, legal services, MDT staffings, etc...**

**Since this position is funded out of Outreach, it is considered non-client specific, and the EVNT files are required to be submitted to the Central Florida Health Data System (CFHDS) for invoice validation.**

28. Does the BHC attend the CTS?

**No, the BHC is only involved at the very beginning of the case and once the CPI decides the case is unsafe and will be transferred to case management, the BHC is no longer involved.**

- a. Do they assist in making appropriate recommendations for case plan tasks (i.e. specific evaluations that would be recommended)?

**No, the BHC is only involved as a SME for CPI consultation.**

29. The BHC Report lists information regarding weapons/type and purpose.

**This information is only if the family volunteers this information.**

- a. Is the expectation that the BHC will be asking client about what weapons they have and using this form to track that per client/family?

**No. All this information is to streamline the consultation information that is entered into FSFN if the family provides the information.**

30. We have a question related to Statement #15 on page 27. Specifically, is the BHC required to be the licensed individual on staff, or may the BHC consult with a licensed individual meeting the specifications?

**The BHC must be a licensed individual on staff.**