Family Intensive Treatment (FIT) Team

LCP# 2015-001-ASA

Evaluation Team Review Report

July 28, 2014

I. Background

In the 2014 Florida legislative session, $5,000,000 in funds identified in Specific Appropriation 372 from the General Revenue Fund has been provided to implement the Family Intensive Treatment (FIT) team model, which is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system where parental substance abuse has been identified as an issue in the home. The allocation methodology was established pursuant to the requirements in the proviso language in specific appropriation 372 and in consultation with the Office of Child Welfare. In order to select the communities, the Department used the Verified Most Serious Finding Report (Per Capita Fiscal Year 2013-2014) – FSFN. Due to the size of Miami-Dade and Orange counties, specific zip codes with the highest rates of verified maltreatment were targeted. Since the proviso is also targeting "families in the child welfare system with parental substance abuse", the Department then used Substance Misuse-Verified data (unduplicated client count by community) to set the allocation percentages.

In the Central Region $876,179 has been allocated, with $502,183 being allocated to Central Florida Cares Health System, Inc. (CFCHS) for implementation of the FIT Team model in the Orange County Pine Hills Community.

On July 15, 2014 CFCHS issued a Limited Competitive Procurement for the award of Family Intensive Treatment (FIT) team services in the Pine Hills community of Orange County totaling $502,183 in Adult Substance Abuse funding.

The procurement allowed for written inquiries to be submitted to the Procurement Manager, Anna Fedeles, by July 18th, 2014. Questions submitted regarding this procurement were responded to by 5:00PM on July 21, 2014.

On July 23, 2014 CFCHS accepted bidder responses to LCP# 2015-001-ASA until 12:00pm. One bidder, Aspire Health Partners, submitted a response to this procurement, which was opened at 1:00pm on July 23, 2014.

On July 23, 2014 at 1:30pm the evaluation team for LCP# 2015-001-ASA met in the CFCHS Board Room with Tina St.Clair, LCSW of Organizational Management Solutions, acting as the facilitator for the evaluation team review process. The evaluation team for this LCP consists of three individuals: Stephanie Smith, Central Florida Cares Health System; Anne Marie Sheffield, Wrap-Around Orange/Orange County; and Jill Krohn, Department of Children and Families. Also in attendance at this meeting was Anna Fedeles, Central Florida Cares Health System and Carolann Duncan, Department of Children and Families. Evaluation team members received, during this meeting, instructions for reviewing the LCP response, scoring sheets for evaluating the LCP response and the LCP response from Aspire Heath Partners.

On July 28th, 2014, the evaluation team met at 10:00am in the CFCHS Board Room to review and discuss their scoring of LCP# 2015-001-ASA. In addition to the evaluation team members

(Stephanie Smith, Anne Marie Sheffield and Jill Krohn), the following individuals were also in attendance at the evaluation team debriefing: Anna Fedeles, CFCHS, Maria Bledsoe, CFCHS, Tina St.Clair, Organizational Management Solutions, Inc.

The evaluation team members offered the following comments, concerns or noted strengths during their review of the proposal:

- The proposal notes that a review of consumer treatment plans will be conducted at 6 months, 12 months and 18 months during treatment. It should be noted that treatment plan reviews are due every 3 months.

- Evidence-Based Practices were mentioned throughout the proposal. However, there needs to be additional clarity regarding who will deliver the evidence-based practices and which portions of the programming/service delivery they will be utilized for during treatment.

- Identification and description of how fidelity to evidence-based practices will be monitored and achieved needs to be addressed.

- The proposal mentions partnering with Nemours for parenting training. More detail needs to be obtained regarding how this partnership will be implemented.

- The Steering Committee mentioned in the proposal is a great idea, however, more detail is needed on how the Steering Committee will be recruited.

- The multi-disciplinary team (MDT) make-up needs to be further explained. The recommendation of the evaluation team is to ensure that a Peer Mentor be a member of this MDT.

- Additional clarification is needed on the recruitment and selection of the peer specialist position(s).

Below is the evaluation team summary scoring sheet. The final, average score for the Aspire Health Partners response to LCP# 2015-001-ASA is **55.67/66 (average of 2.53/measure)**. The evaluation team made the recommendation to find the proposal fit for procurement award.

Element	Sub-element	Evaluator S.S.	Evaluator A.M.	Evaluator J.K.	Average Score
a) Major Program Goals Provide an overview of the service delivery model and how the project will attain the primary goals of the FIT Team to serve families with substance abuse disorders and involvement in the child welfare system.		**2**	**3**	**2**	**2.3**
b) Individuals Served Describe the ability and experience in working with one or more of the target populations identified in Section 2.6, element "a". Priority will be given to those proposals that serve families involved in the child welfare system.		**3**	**3**	**3**	**3**

c) Geographic Area Describe the provider's involvement in service delivery or site locations in the proposed geographic area in which the applicant will deliver services.		**3**	**3**	**3**	**3**
d) Service Delivery Model 1) Describe the ability to implement and/or maintain a substance abuse treatment program for families involved in the child welfare system that includes:	i. provides peer support for crisis intervention, referrals for treatment as needed, and therapeutic monitoring (services described are available 24 hours a day);	**2**	**2**	**2**	**2**
	ii. coordinated services with child protective investigators and dependency case managers;	**2**	**3**	**3**	**2.67**
	iii. treatment will be delivered at the level recommended by a standardized placement criteria;	**2**	**3**	**2**	**2.3**
	iv. intensive, in-home treatment is a part of the program design;	**2**	**3**	**3**	**2.67**
	v. therapeutic interventions, such as group, individual and family therapy are a part of the program design;	**2**	**2**	**3**	**2.3**

	vi. wrap-around services for parents whose treatment services are provided by a third party;	**2**	**3**	**2**	**2.3**
	vii. substance use disorder interventions and treatment services for those with co-occurring disorders;	**2**	**3**	**3**	**2.67**
	viii. Therapeutic training or psycho-education in at least 1 (one) of the following: parenting skills, behavioral modification, family education or family support network development, behavior management, or relapse prevention skill development;	**2**	**2**	**2**	**2**
	ix. Specialized care coordination with a multi-disciplinary team that includes, but is not limited to: domestic violence services, medical and dental care, basic needs (housing, food & transportation), educational/training services, employment/vocational services, legal services, and other therapeutic components of the family's treatment;	**2**	**3**	**3**	**2.67**
	x. The treatment provider is trained and has incorporated an evidenced based practice shown to have positive	**3**	**3**	**3**	**3**

	outcomes for families in child welfare into the service design; and				
d) Service Delivery Model 2) Describe the specific service delivery strategies for providing individual services to families involved in the child welfare system, with an identified substance abuse issue. Service delivery strategy descriptions should separately address those strategies as applied to:	i. The specific services that will be made available through each cost center;	**2**	**2**	**2**	**2**
	ii. Staffing levels and minimum qualifications for each type of service delivery position;	**3**	**3**	**3**	**3**
	iii. Primary referral sources;	**3**	**3**	**3**	**3**
	iv. Admission and discharge criteria;	**2**	**3**	**2**	**2.3**
	v. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care;	**2**	**3**	**2**	**2.3**
	vi. Any science-based or evidence-based models employed or practices utilized;	**2**	**3**	**3**	**2.67**
	vii. Average length of participation for persons served.	**2**	**3**	**3**	**2.67**

	viii. Projected unduplicated number of individuals served by the funding being requested.	**2**	**3**	**3**	**2.67**
e) Performance Measures List experience with identified performance outcomes, provide a historical baseline (if available), and propose a target (if not already indicated) for each outcome to be achieved by June 30, 2015.		**2**	**2**	**2**	**2**

Evaluator S.S Total Score	Evaluator A.M. Total Score	Evaluator J.K. Total Score	Average Ranking Per Measure	Average Total Score
49 (2.23 average)	**61 (2.77 average)**	**57 (2.59 average)**	**2.53**	**55.67/66**