



**ECKERD CONNECTS  
(A D/B/A FOR ECKERD YOUTH ALTERNATIVES, INC.)**

**COMMUNITY-BASED CARE LEAD AGENCY FOR  
CIRCUIT 6- PASCO AND PINELLAS COUNTIES**

**ITN #ITN-ECA-C6-FRS-FY22**

**To Provide Family Reunification Services  
Circuit 6: Pasco and Pinellas Counties**

## INSTRUCTIONS

### **XIV. Evaluation Process**

An Evaluation Team, consisting of at least three (3) community members and four (4) Eckerd Connects employees will score the written and oral presentations.

Each of the evaluation components, both written and oral, are weighted and assigned a maximum number of points. Proposals will be evaluated in each of the categories and scored by each evaluator independently. The evaluators' total scores will be added to get the final score for each respondent.

A representative from the Eckerd Connects Finance Department will review the submitted budget proposal and finance related documentation in accordance with the provisions of Section XX. Budget and Financial Documents of this ITN. The evaluator will score the response as well as any corresponding exhibits identified in this section. The total maximum points for the Budget Response represents 10% of the total points.

The Evaluation Team will review the submitted written proposals and score them in accordance with the provisions of Section XIX. Mandatory Criteria, of this ITN. Evaluators will score the written response on the parts A, B and C, and D as well as the corresponding exhibits. The Written Response represents 60% percent of the total maximum points. Up to three respondents will be invited to the oral presentation phase.

The oral presentation phase is not open to the public for observation pursuant to F.S. §286.0113. Evaluators will score the oral presentation(s) based on the ability of the presenter(s) to clearly articulate how the information presented in the ITN response will come to life if the Respondent is presented with a contract. During this phase, the Respondent's oral presentation score will be added to the written evaluation score. The Oral Presentation represents 30% percent of the total maximum points. At the conclusion of the presentation(s), the Evaluation Team will submit their total scores. The Contact Person will calculate the scores and will prepare a recommendation to Eckerd Connects Leadership for negotiations.

The Eckerd Connects ITN Contact Person will certify that the tabulated scores are correct and forward the tabulation and identification of their recommended respondents to the Eckerd Connects Leadership Team for their final decision, which will be posted at [www.Eckerd.org](http://www.Eckerd.org) as indicated in Section VI. Schedule of Events and Deadlines. The Eckerd Connects Leadership team reserves the right to accept or reject the recommendation of the evaluators for negotiations and to negotiate with up to two parties until a decision of "contract award" is made.

### **XV. Negotiation Process**

At least one, possibly two agencies will be invited to negotiate for the contract. Negotiation plans will be posted at [www.Eckerd.org](http://www.Eckerd.org) in the timeframe indicated in Section VI. Schedule of Events and Deadlines. At the conclusion of the negotiations, a notice of intent to award will be posted as outlined in section XVI. Notice of Contract Award, and transitional services will begin.

**SCORING:** Please only score using the scoring criteria listed per question. Not all questions are weighted equally; this is purposeful. Please justify your answers. If upon review of the scoring of the proposal the need for an evaluator’s meeting is identified to be held, the meeting will be held accordingly. You will have the opportunity to validate your scores at that meeting. Circle your score, and if you change your score, mark with an X initial, and circle the score you are selecting.

Written Score

#	Evaluation Criteria	Scoring Criteria (Circle your score)	Justification (Explain how you came to your calculation)
<b>Section A Organizational Capacity and Collaborative Relationships</b>			
1	Describe the Respondent’s mission, philosophy, and purpose and how it pertains to Family Reunification Services. Describe the Respondent’s experience with this population.	<u>0</u> =Not included in proposal  <u>5</u> = Incomplete or inconclusive; limited Family Reunification Services experience  <u>1</u> = Acceptable/Supportive Case Management Services experience.  <u>2</u> = Exceptional; more than what is necessary.	
2	Provide a brief overview statement on past success that will demonstrate the potential to successfully contract for a Child Welfare service and provide supporting evidence where necessary. List all current child welfare contracts by service type/location/funder/annual budget/end date.	<u>0</u> =Not included in proposal  <u>5</u> = Incomplete or inconclusive;  <u>1</u> = Acceptable/Supportive adequate plan for other resources  <u>2</u> = Exceptional; more than what is necessary.	

3	Describe the Respondent's ability, proposed service locations and plan to begin service delivery on September 1, 2020. The plan shall include an implementation timeline for July 14, 2020 through September 1, 2020, and provisions for immediate service delivery to new clients, as well as for the continuity of care for existing clients.	<u>0</u> =Not included in proposal <u>.5</u> = Incomplete or inconclusive; <u>1</u> = Acceptable/Supportive adequate plan for other resources <u>2</u> = Exceptional; more than what is necessary.	
<b>Exhibits – Section A</b>			
1	Exhibit 3-Provide the Agency's proposed organizational chart.	<u>0</u> =Not included in proposal <u>1</u> = Inconclusive; No thorough plan for transition funding. <u>2</u> = Acceptable/Supportive adequate plan for transition funding.	
2	Exhibit 4-Provide the Agency's proposed job descriptions.	<u>0</u> =Not included in proposal <u>.5</u> = Incomplete or inconclusive; <u>1</u> = Acceptable/Supportive	
3	Exhibit 5-Provide three one-page letters of support, preferably from a financial or collaborative partnership.	<u>0</u> =Not included in proposal <u>.5</u> = Fewer than three letters; <u>1</u> = Three letters included	

	Max points = 10	Subtotal = ____/10	
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Section B Programmatic Proposal			
	<i>Provide a general overview of the service delivery structure. List and describe all service components to be provided as follows:</i>		
1	Describe the Respondent's staffing plan, indicating if possible, names and credentials of staff you would hire to manage and run this contract and structure for the supervision of the program.	<u>0</u> =Not included in proposal <u>2</u> = Incomplete or inconclusive <u>5</u> = Acceptable/Supportive; includes all elements of this indicator. <u>10</u> = Exceptional plan, clear concise staffing and management plan.	
2	Describe how the organization will provide evidence based, in-home services to provide enhanced support to children and families and prevent foster care placements that will meet the requirements outlined in the Family First Prevention Services Act (FFPSA) in order to draw down Title IV-E funding.	<u>0</u> =Not included in proposal <u>2</u> = Incomplete or inconclusive <u>5</u> = Acceptable/Supportive; includes all elements of this indicator. <u>10</u> = Exceptional plan to meet FFPSA requirements	
3	Describe how the organization will provide a service that is community based, responsible and affordable. <ul style="list-style-type: none"> <li>Describe the linkages that your organization has with community-based</li> </ul>	<u>0</u> =Not included in proposal <u>5</u> = Incomplete or inconclusive <u>10</u> = Acceptable/Supportive;	

	<p>resources from other sectors and how these links will be useful in providing this service.</p> <ul style="list-style-type: none"> <li>• How will program design meet the criteria of “<i>Circuit Overview and Program Objectives</i>”</li> </ul>	<p>includes all elements of this indicator.</p> <p><u>15</u> = Exceptional plan for community involvement and resource utilization.</p>	
	<b>Maximum points = 35</b>	<b>Subtotal = <u>    </u>/35</b>	
<b>Section C Performance Outcomes and Quality of Services</b>			
1	<p>Please provide detail on the formal quality mechanisms that are in place in your organization and how those formal quality mechanisms result in consistent high quality service provision. Please include information on who is responsible for ensuring that the quality standards in the organization are maintained.</p>	<p><u>1</u> = Limited quality mechanisms; limited information as to who is responsible</p> <p><u>2</u> = Acceptable/Supportive; includes all elements of this indicator.</p> <p><u>3</u> = Exceptional plan for ensuring quality</p>	
2	<p>Explain how you will meet the outcome measures included but not limited to those identified in the “<i>Outcomes and Performance Measures</i>” section of the ITN. Include any proposed targets for measures identified as TBD as well as any additional proposed measures.</p>	<p><u>1</u> = Limited information on records, documents, goals and outcome measures.</p> <p><u>2</u> = Acceptable/Supportive; includes all elements of this indicator.</p> <p><u>3</u> = Exceptional plan for records, documents, goals and outcome measures</p>	

3	Explain how success of the proposed service delivery structure will be measured. List the expected outcomes, performance indicators, targets and description of how each measure will be calculated and tracked.	<u>1</u> = Acceptable/Supportive; includes all elements of this indicator.  <u>2</u> = Exceptional plan for tracking and performance indicators	
4	Include a description of your plan for linking outcomes and your evaluation system to the applicable lead agency scorecard measures.	<u>1</u> = Incomplete or inconclusive;  <u>2</u> = Acceptable/Supportive	
	<b>Maximum points = 10</b>	<b>Subtotal = _____/10</b>	
<b>Section D</b>			
1	The plan must be initiated no later than the implementation date as identified in Section VI. Schedule of Events and Deadlines.	<u>1</u> = Limited information on how the services will be transitioned from the current Provider  <u>3</u> = Acceptable/Supportive; includes all elements of this indicator.  <u>5</u> = Exceptional plan on how the services would be transitioned from the current Provider	
	<b>Maximum points = 5</b>	<b>Subtotal = _____/5</b>	
			<b>Total = (add 4 subtotals) = _____/60</b>

**XXI. Oral Presentation Evaluation**

Respondents who are invited to the oral presentation phase will have up to two hours to answer six questions – three of which are standard for each agency that is invited to make an oral presentation, and at least three questions specifically developed by the Evaluation Team to clarify elements of the agency’s written response.

**Maximum points possible = 210**

1. Based on your written response to Section A., Attachments A-G, and the Exhibits 1-5, please demonstrate why your agency/company should be chosen.
2. Based on your written response to Section B. please explain your operational plan to execute the requirement of the pending contract, to include how your agency/company will meet the requirements outlined in the Family First Prevention Services Act (FFPSA) as well as access funding from outside sources, to include but not be limited to Medicaid.
3. Based on your written response to Section C., please explain your plan to ensure quality and exceptional outcomes.
4. Agency-specific question 1
5. Agency-specific question 2
6. Agency-specific question 3

What three questions would you like to ask at the Oral Presentation, if this agency is chosen to make an oral presentation?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_