



**FINAL**

*Approved by ECT Board of Directors 6.13.23*

**Request for Proposals  
#2023-01**

**Community-Led and Community-Operated Mental Health  
Supports for Children and Families**

<b>Key Dates</b>	
Release of RFP	June 14, 2023
RFP Information Session/Proposers' Conference	June 21, 2023 at 1 p.m.
<b>Deadline for Submission of Online Application</b>	<b>July 26, 2023 at 5 p.m.</b>
Review Committee Meeting	August 21, 2023 at 12 p.m.
ECT Board Meeting – Award Determination	September 12, 2023
Contract Effective Date	October 1, 2023

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**Community-Led and Community-Operated  
Mental Health Supports for Children and Families  
RFP 2023-01**

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and Roadmap Report (May 19, 2023)**

## The RFP At-A-Glance

### *Purpose*

The Escambia Children’s Trust is seeking Proposals from qualified Proposers to create or expand Informal Mental Health Supports offered by community-led and community-operated organizations. Informal Mental Health Supports are defined as non-medical supports for mental health provided by trusted peers, friends and family, religious leaders, support groups, or other non-health professionals.<sup>1</sup> We are looking for new or piloted projects from direct-service organizations that will help address the far-reaching challenge of stress, anxiety, depression or other mental health issues in children, youth, and their families. Proposers must propose Informal Mental Health Supports Projects that tackle specific issues and address unmet needs in targeted geographies **and** demographic groups, with the overall goals of:

- Increasing the availability of preventive and proactive supports that children, youth, or families can use for mental health and well-being
- Increasing the capacity of child-serving service systems (e.g., child welfare, juvenile justice system) on trauma-informed practices and providing smooth pathways to more formal services
- Building knowledge of trauma-informed support and communication for parents, caregivers, and individuals close to children and youth
- Improving equity in mental health and reducing health disparities through improving equitable access to services for parents, caregivers, and children that are culturally and linguistically responsive to the needs of the populations of focus
- Increasing early intervention so children and youth with, or at high risk for, behavioral health conditions can access services **before** conditions escalate and require higher-level care
- Supporting the resilience of children and youth by mitigating the adverse effects of Adverse Childhood Experiences (ACEs) (adverse effects could include brain development, emotional health, and behavioral health, among other conditions)
- Reducing both stigma and crises

Each successful Proposer must demonstrate a strong connection to the communities they propose to serve **and** must include community members in the design, operation, and assessment of an Informal Mental Health Supports Project.

### *Award Details*

ECT would like to award Agreements to several successful Proposers. A proposed Project can be either small or large in size and scope. ECT will consider all proposed budget requests for reasonableness and negotiate final budgets with successful Proposers. The combined funding budgeted by ECT for all successful Proposers is \$3,340,305. Funds must be spent over a one-year timeframe. Contract agreements may be renewable at ECT’s discretion, upon review of

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<sup>1</sup> Lynch, L., Moorhead, A., Long, M. *et al.* The Role of Informal Sources of Help In Young People’s Access To, Engagement With, And Maintenance In Professional Mental Health Care—A Scoping Review. *J Child Fam Stud* (2022). <https://doi.org/10.1007/s10826-022-02498-5>; also see Parker, A. Reframing the narrative: Black maternal mental health and culturally meaningful support for wellness. *Infant Ment Health J.* 2021; 42: 502– 516. <https://doi.org/10.1002/imhj.21910>.

performance, for two additional one-year terms. Proposers should design Projects and create budgets in anticipation of a three-year program cycle.

***Who Can Submit a Proposal?***

Many types of organizations are eligible to submit a Proposal in response to this RFP. This includes non-profit organizations, for-profit organizations (so long as no profit is incurred), government agencies, and individuals. Proposers do not need to have an existing contract with the Escambia Children’s Trust to apply, but they must meet and abide by all ECT contractual requirements (see Section 6: Contract Requirements for Successful Proposers) **and** have the programmatic, financial, and staffing capabilities to provide the contracted services. Successful Proposers can satisfy the contracting requirements listed in Section 6 on their own or through a partnership, such as a partnership with a fiscal sponsor.

Collaborative Proposals, in which two or more organizations partner together to submit one Proposal, are permitted and highly encouraged. Further, ECT invites applicants with experience in the provision of trauma-informed mental health support services for children, youth and families to apply for funding. Proposers are expected to understand the community to be served and have demonstrated success providing community-embedded, community-owned, and community-driven services for the target population.

***What’s Important to ECT?***

ECT is interested in successful Proposers that:

- Demonstrate strong ties to communities that mistrust or have been failed by formal systems, and propose to focus on serving children, youth or families in these communities (see “Desired Populations” in Section 2)
- Include leadership from the communities they serve
- Are committed to improving the continuum of care for children, youth and families most harmed or marginalized by the current mental health system and various crisis response systems
- Focus on person-centered engagement and education

***Timetable/Important Dates\****

*All times are Central Standard Time*

<b>Activity</b>	<b>Timeframe</b>
Online Release of RFP & Application Access	June 14, 2023
RFP Applications Accepted	June 14 – July 26, 2023
RFP Information Session/Proposers’ Conference	June 21, 2023 at 1 p.m. (in person and via Zoom)
Period for Submission of Written Questions	June 21, 2023 to July 19, 2023
Final Posting of Responses to Questions	July 20, 2023 at 5 p.m.
<b>Deadline for Submission of Online Application</b>	<b>July 26, 2023 at 5 p.m.</b>
Application Review Period	July 27 – August 21, 2023
Review Committee Meeting	August 21, 2023 at 12 p.m.

Follow-up Interviews with Applicants <i>(if needed)</i>	
Funding recommendations posted on ECT website	September 5, 2023
ECT Board Meeting – Review of Award Recommendations and Award Determination	September 12, 2023
Notification of Selected and Non-Selected Applicants	September 13, 2023
Contract Review Period	September 13 – September 30, 2023
Contract Effective Date	October 1, 2023

*\*All dates set forth above are subject to change by the ECT with ample notice provided.*

***ECT Purpose, Vision & Mission***

The Escambia Children’s Trust (ECT) is an independent special taxing district in accordance with §125.901, Fla. Stat. and Escambia County Ordinance 2020-22. The agency was established by referendum in November of 2020 with the first round of funding being received in November of 2021. The purpose of the Escambia Children’s Trust is to invest in the well-being of children in Escambia County by maximizing resources and ensuring accountability through investment in and support to community provider programs. The Trust shall serve to collaborate and support necessary educational, preventive, developmental, treatment, intervention, and rehabilitative services for children within the County through funding and/or through cooperative agreements where not otherwise prohibited. The primary source of ECT’s revenues are ad valorem taxes which are levied yearly in accordance with § 200, Fla. Stat. Ad valorem taxes will be deposited in the General Fund. The ECT’s fiscal year runs from October 1 to September 30. For more information on the Escambia Children’s Trust, visit the agency’s website at [www.EscambiaChildrensTrust.org](http://www.EscambiaChildrensTrust.org).

***Our Vision***

*All children in Escambia County will have better lives and greater opportunities for success because of the work of the Trust and its partners.*

***Our Mission***

*To invest in our community’s future through research, education, advocacy, and funding of high-quality children’s programs and services.*

## SECTION I: Why ECT is Issuing This RFP

Escambia County has a multitude of services designed to help children and families with human service and behavioral health needs, including mental health crisis responders, substance use assessment and treatment centers, homeless outreach and housing supports, financial assistance programs, and case management for individuals with justice system involvement.

However, these individual programs do not add up to a comprehensive system—a linked set of programs and services that have the capacity to prevent crises, respond with the right intervention, share protocols and performance measures, and consistently link children, youth and families to follow-up support that attempts to address the causes of the crisis. Instead, children and their loved ones continue to wait, struggle, deteriorate and fall into crisis, including homelessness and suicide. Law enforcement and child protection are too often still the default responders for children, youth, and families struggling with unmet behavioral health and other human service needs.

Barriers abound when attempting to access mental health services in Escambia County, including the time it takes to find a provider, insurance requirements, finances, stigma, and transportation. For those in marginalized communities, a lack of culturally competent providers as well as a litany of other barriers exacerbate these challenges.

With a strained behavioral and mental health system pre-pandemic, the prevalence of behavioral health disorders has steadily increased locally since COVID-19, especially among youth (children, adolescents, and emerging adults) of racial, ethnic, sexual, and gender minority groups.<sup>2</sup> A growing body of evidence demonstrates that youth in racial, ethnic, sexual, and gender minority groups experience worse behavioral outcomes than their peers.<sup>3</sup> Data show that suicide rates are nearly twice as high in Black compared to White boys five to 11 years old and have been increasing disproportionately among adolescent Black girls 12 to 17 years old. Other youth at increased risk for behavioral health disorders include youth who identify as LGBTQ+, from low-income households, involved in child welfare and juvenile justice systems, or with disabilities. The trends in youth behavioral health are so concerning that the American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Pediatrics (AAP), and the Children’s Hospital Association (CHA) declared a National State of Emergency in Children’s Mental Health in 2021.

This RFP specifically addresses the lack of both private and public investment in children’s mental health and of effective ways to connect innovative ideas with capital. In every corner of our county, marginalized communities need more **preventative** Informal Mental Health

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<sup>2</sup> Jennifer A. Hoffmann, Margarita Alegría, Kiara Alvarez, Amara Anosike, Priya P. Shah, Kevin M. Simon, Lois K. Lee; Disparities in Pediatric Mental and Behavioral Health Conditions. *Pediatrics* October 2022; 150 (4): e2022058227. 10.1542/peds.2022-058227

<sup>3</sup> Simon KM. Them and me - the care and treatment of Black boys in America. *N Engl J Med*. 2020; 383 (20):1904–1905; Marrast L, Himmelstein DU, Woolhandler S. Racial and ethnic disparities in mental health care for children and young adults: a national study. *Int J Health Serv*. 2016;46(4):810–824; Kuper LE, Mathews S, Lau M. Baseline mental health and psychosocial functioning of transgender adolescents seeking gender-affirming hormone therapy. *J Dev Behav Pediatr*. 2019;40(8):589–596.

Supports. The World Health Organization describes Informal Mental Health Supports as services that are not provided by the “formal” health and welfare system, and that are “usually accessible and acceptable to the community as they are an integral part of the community.” Effective and evidence-based **informal** supports are innovative and preventative, with self-care and informal community care being the bottom two layers prior to primary care services.<sup>4</sup> Informal services can be helpful in preventing hardship in the formal system and helping people who have been discharged from formal services get back on their feet.<sup>5</sup> Escambia County mental health and crisis response stakeholders have long noted the need for additional accessible crisis prevention and response services for children, youth, and their families – services that are staffed and informed by community members and peers and that can serve as a bridge to keep them connected to more formal care and taken care of once they are released from formal care.<sup>6</sup>

There is also a need to reduce the stigma associated with having behavioral health needs or receiving formal behavioral health services, particularly among youth. Research indicates that in many communities, people struggling with mental health are more likely to reach out to informal support for help because when the social distance between the person struggling and the helper is smaller, there can be greater agreement about the perception of the problem and possible solutions.

By funding community-led and community-operated organizations to deliver Informal Mental Health Supports in areas where these supports are wanted and needed, and by enabling those organizations to identify the strategies that they believe will best serve communities that are *underserved* by the current system, ECT seeks to make strides toward the vision set forth in our 2021 needs assessment that “Children Are Safe and Protected From Abuse and Neglect” and “Children Have Supports to Help Them Avoid Risky Behaviors.”

The Escambia Children’s Trust aims to support programs that increase positive mental health and behavioral outcomes and increase a child's capability to address stress and adverse, traumatic events. Some of Escambia’s communities and families are overburdened with inequitable housing, health, and economic resources; trauma; and toxic stress, and require customized strategies for preventing and mitigating adverse childhood experiences and inequities. Escambia County community members have a stake in ensuring our children and families have what they need to develop their full potential and gifts. Community members have a shared responsibility for our children’s well-being, well-being that is grounded in the well-being of their families and community. ECT’s investments seek to shore up support for families and their children, including evidence-based prevention programs that foster resiliency through relationships and partnerships grounded in the lived realities and experiences of our children and families.

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<sup>4</sup> World Health Organisation: Improving Health Systems and Services for Mental Health. [[http://whqlibdoc.who.int/publications/2009/9789241598774\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2009/9789241598774_eng.pdf?ua=1)]

<sup>5</sup> Definition of Informal Mental Health Supports is taken from both [this study](#) and from WHO’s [“Optimal Mix of Services for Mental Health.”](#)

<sup>6</sup> [Mental Health Task Force of Northwest Florida, Community Alignment and Strategic Planning Project](#), May 19, 2023, Strategic Plan and Roadmap Report DRAFT, Prepared by: Ernst & Young LLP



**Statement of Desired Resident and Community Results**

The intent of this RFP is to support Informal Mental Health Supports offered by community-led and community-operated organizations that address community trauma in targeted geographies and strengthen resiliency for impacted children, youth, and their families. The following goals, objectives, and outcomes are connected to the Escambia Children’s Trust needs assessment published in September 2022.

<b>GOAL 1: Children Are Safe and Protected from Abuse and Neglect</b>	<u>1.1 Indicator/Outcome:</u> Reduce the incidence and impact of child abuse, neglect, and trauma  <u>1.2 Indicator/Outcome:</u> Children live in stable and nurturing families and communities
<b>GOAL 2: Children Have Supports to Help Them Avoid Risky Behaviors</b>	<u>2.1 Indicator/Outcome:</u> Reduce the incidence and impact of youth violence and substance abuse  <u>2.2 Indicator/Outcome:</u> Address the negative impacts of trauma and provide resources to allow those impacted to increase protective factors and build resiliency.

**ECT does not endorse any particular evidence-based practice or list of such practices but will prioritize proposals designed to improve the quality and quantity of community-led and community-operated Informal Mental Health Supports for children, youth or families.** Successful Projects will be geographically and demographically targeted, with measurable outcomes that will, for example:

1. Result in fewer children, youth, and families in active crisis
2. Reduce the likelihood of law enforcement serving as the first or only response to behavioral health crisis calls connected to children and/or youth in distress
3. Reduce the likelihood of incarceration or Baker Act being viewed as the primary method for connecting youth and families to behavioral health services and supports
4. Build trust with marginalized communities and meaningfully integrate community voices, skills, and expertise within the crisis response system
5. Increase access to culturally humble, trauma-informed human services for children, youth, and families in the targeted community
6. Increase mental health treatment services for children and their families that increase emotional well-being and positive behavioral outcomes
7. Provide access to training on evidence-based interventions and curriculum, particularly those that respond to the effects of trauma, for staff who work directly with children and families
8. Identify and support research-proven and evidence-based education and prevention or intervention strategies to support the reduction of bullying and self-harming behavior

9. Identify, create, and connect youth and their families to a coordinated behavioral health approach to available services and supports that address trauma and related challenges within the family and community
10. Advocate to empower youth and their families within systems where challenges may exist and strengthen and support families' self-advocacy efforts.

## SECTION 2: What ECT is Looking For

### Scope of Service

ECT seeks Projects from community-led and community-operated organizations that seek to expand an established evidence-based program or start a new initiative offering Informal Mental Health Supports services for children, youth, and their families living within an identified geographic **and** demographic priority community. Projects must align with one or more of the following goals:

1. **Grow access within a targeted community to informal helpers** (for example, a community health worker, community mental health worker, or advocate who offers support via faith-based sites, local libraries, and other informal settings to provide help to children, youth and families in need of someone to talk to); and/or
2. **Increase the availability of culturally competent, proactive supports** that connect children, youth and families to preventative care when their mental health symptoms are escalating or when they are in emotional distress; and/or
3. **Support and respond** to children/families following a mental health, housing or other crisis, connecting them to needed supports and making sustained connection more likely; and/or
4. **Reduce stigma and smooth the way** to formal mental health support for children, youth and families who may not know about or feel comfortable accessing them.

ECT envisions a variety of approaches that a Proposer may take to provide a Project as described in this RFP and is interested in creative Proposals. Projects must seek to improve outcomes for children, youth, and families within an identified priority community explained below.

**Special note:** Through this RFP, we are not looking to fund Projects that depend on the 911 emergency call network for referrals or that would send mobile responders directly from 911 or from the local mental health crisis call center. **However, Projects that propose to partner in other ways with existing formal mental health clinical supports and crisis services (e.g., call center, mobile, walk-in, residential); homeless services; and other traditional providers are welcome to apply.**

### Desired Populations

Successful Proposals must target specific communities – both geographic and demographic – as identified in this RFP that may mistrust or feel alienated by traditional mental health and crisis prevention and response services. ECT-funded programs under this RFP will serve **school-age** children in K-12th grade and their families experiencing trauma or suffering from chronic trauma at the time of enrollment **and** living in targeted geographic areas within Escambia County. The three areas of focus for this RFP are:

- Urban Core – downtown Pensacola: 32501 ZIP code
- West Pensacola – Brownsville: 32505 ZIP code
- North Escambia – Century: 32535 ZIP code

Within the geographic areas identified above are neighborhoods (or census tracts) with extreme levels of “social vulnerability.” Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.<sup>7</sup> Every two years based on census data releases, the Centers for Disease Control (CDC) publishes a Social Vulnerability Index (SVI) that uses 16 variables to help local officials identify communities that need support. These variables include statistics related to socioeconomic status; household characteristics; disability status; racial and ethnic minority status; housing type; and transportation disadvantage.

The social vulnerability tool examines factors that weaken a community's ability to respond to crisis, and the SVI index itself is both an indicator of neighborhood need and an opportunity to strengthen local resiliency. The SVI scale ranges from a high of 1 (most vulnerable community) to a 0 (least vulnerable community).

**\*\*The proposed Projects responding to this RFP should target census tracts within the three ZIP codes identified above, which are the three ZIP codes where people are most vulnerable to suffering caused by external stresses.**<sup>8</sup> Youth/families who live outside the targeted census tract communities *may* receive services when gaps in the system do not adequately provide for their needs. However, projects that serve communities that have been marginalized AND operate in areas where there is a high need for support will be prioritized. Please see Appendix A: Communities in Need (Social Vulnerability Index) for more details. For specific census tract data, please also see the interactive “Pockets of Poverty” map produced by the University of West Florida Haas Center at <https://uwf.edu/centers/haas-center/explore-the-economy/pockets-of-poverty/>

**Important Note:** As stated above, agencies may submit proposals targeting services in the following geographic regions: 32501 (Pensacola urban core), 32505 (west Pensacola and Brownsville) and 32535 (Century area of North Escambia). If an agency is proposing to serve *more than one* geographic area, separate proposals **must** be submitted for each geographic region (please use the area name in your Application Title so you can differentiate your applications in our SAMIS portal). For example, if an applicant intends to submit a proposal for both the 32501 and 32505 areas, they would click on “Start an Application” in SAMIS and complete their 32501 geographic area proposal. The applicant would then need to click on “Start an Application” a second time and complete the application for their 32505 geographic area proposal.

<sup>7</sup> Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index [2022] Database [Florida]. [https://www.atsdr.cdc.gov/placeandhealth/svi/data\\_documentation\\_download.html](https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html).

<sup>8</sup> [https://svi.cdc.gov/Documents/CountyMaps/2020/Florida/Florida2020\\_Escambia.pdf](https://svi.cdc.gov/Documents/CountyMaps/2020/Florida/Florida2020_Escambia.pdf); see also “Pockets of Poverty,” University of West Florida Haas Center, <https://uwf.edu/centers/haas-center/explore-the-economy/pockets-of-poverty/>

## **Program Components**

### ***Community Involvement and Trust***

Projects must be community-led, -designed, and -operated. Successful Proposers must clearly demonstrate the social capital and trust they hold with the communities they intend to serve. Successful Proposers must describe how they plan to or already do involve community members in the design, implementation, and staffing of their Project.

### ***Data Collection and Reporting***

Successful Proposers must collect data about their Projects and share that data as well as narrative reports with ECT. To collect Project data, ECT will provide access to the agency's client management information software system, called SAMIS.

In addition to the data collection set forth in the appendix, Project reports may include the following types of information, depending on the proposed Project:

- Narrative summary of services provided and the impact those services have had on children, their loved ones and/or their community
- Narrative summary indicating what is working well about the Project and what challenges or barriers the Project is facing
- Number of unique children/families served or trained
- Number of services/trainings provided
- Number of referrals to formal behavioral health and other services (and type of service)
- Number of referrals to non-behavioral health services (and type of service)
- Number of individuals who followed through with behavioral and non-behavioral health services
- Survey data from those served indicating their reaction to services
- Survey data from those served (or the community as a whole) concerning their beliefs about behavioral health issues and their knowledge of behavioral health services

## SECTION 3: Proposal Requirements and Evaluation Criteria

ECT invites applicants with experience in the provision of culture-centered, trauma-informed mental health support services for youth and families to submit an application for funding. Applicants may be non-profit organizations, for-profit organizations incorporated or qualified to do business in the State of Florida, or governmental entities. Proof of non-profit status, for-profit status, or governmental entity status must be submitted as part of the application process. For-profit entities must not incur a profit through the provision of services associated with this RFP.

As stipulated by State Statute, ECT is prohibited from funding any entity under the jurisdiction of the Department of Education (DOE). Therefore, Escambia County Public Schools, including public charter schools, are not eligible to apply. Interested parties must access the Request for Proposals (RFP) through SAMIS from the ECT website, [www.EscambiaChildrensTrust.org](http://www.EscambiaChildrensTrust.org). To access the RFP from the website, applicants are required to register their contact information through SAMIS as instructed on the SAMIS landing page of our website.

### *Proposal Requirements*

When preparing your proposal application, please respond in clear and plain language that accurately describes your project and intended outcomes without too many buzzwords, jargon, or citations. To help you prepare for the on-line grantmaking application process, we have outlined the following elements that will be required in the “Proposal Information” section:

1. Organizational Mission, Accomplishments, Capacity, Experience & Leadership:
  - a. Provide a brief history of the organization and/or department, current mission and goals, a description of services, past accomplishments, and experience with similar projects. Include description of services for at risk children and youth.
  - b. Describe your organization’s capacity and resources to implement the evidence-based practice or program and the specific activities, efforts and steps taken to date to ensure readiness to implement.
  
2. Purpose/Need/Population Served:
  - a. Provide a clear and compelling description of the program and rationale/need for services based on data and evidence. Describe how your proposed solution will tackle the challenge of stress, anxiety, depression or other mental health issues in children, youth and families.
  - b. Identify the age range of your target population, geographical area, the current and projected number of individuals to be served directly by the services and the at-risk nature of the population. **Please remember this RFP targets school-age children in K-12.**
  - c. Identify the Evidence-Based Practice (EBP) to be implemented and cite one specific source of credible research, evaluation, and/or literature that designates the practice as evidence-based.
  - d. Describe how this program will improve access to care, delivery of services, and mental health treatment outcomes for the geographic and demographic population served.

3. Activities and Outcomes:
  - a. Outline executable services for addressing unmet needs in children's mental health care, especially among disadvantaged and vulnerable populations. Provide a description of how the organization plans to implement the program and incorporate the EBP into your core services.
  - b. Describe the services and activities to be provided and the specific measurable results, outcomes, and deliverables that you wish to achieve during the grant period.
4. Collaboration/Coordination with Other Resources:
  - a. Identify collaborative partners and stakeholders and their roles.
  - b. Indicate relevant coordination with other resources to implement the program and/or support broader systems/community changes.
5. Data Collection, Evaluation and Continuous Improvement:
  - a. Explain how the outcomes of the program will be measured and reported.
  - b. Describe your continuous improvement plan.
6. Sustainability and Scale:
  - a. Describe how you plan to integrate the program into the core services of your organization and continue the program following the end of the contract period.
  - b. Describe the feasibility of replicating or scaling the proposed service to benefit children, youth and families in broader communities.
7. Budget Narrative:
  - a. Detailed budget narrative that clearly explains and justifies all line items in the proposed budget, including subcontracts and explanations of budget changes over time (provide this detail for Year 1, Year 2, and Year 3 of your budgets).

### ***Evaluation Criteria***

ECT will evaluate Proposals based upon the evaluation criteria listed below. The maximum score that a Proposal can receive is **125 points**, as outlined in the following sections.

#### **Experience and Leadership (25 points possible)**

- Experience providing support or services to/in communities that have been marginalized by mainstream systems (5 points)
- Experience building trust with the communities within which you work, including at least one specific example and at least one letter of support from a community-based organization/individual (10 points)
- Statement of organizational philosophy (5 points)
- Demographic information for organizational leaders and staff (5 points)

#### **Project Details (50 points possible)**

- Informal Mental Health Support services the proposed Project will provide and the intended outcomes, including how the Project will meet one or more of the goals listed in this RFP (15 points)

- Project location and target population, and why that community needs the proposed Project (10 points)
- Description of formal or informal partnerships that the Project requires, including a description of how ECT will support the Proposer (10 points)
- Project timeline (5 points)
- Staffing plan, role descriptions, and training requirements, including any peer specialist certification requirements (10 points)

**Community Involvement and Trust (30 points possible)**

- Plan to include community members in Project planning and design (10 points)
- Plan to include community members in Project implementation/staffing/assessment (10 points)
- Explanation of why the Proposer is the appropriate provider of this Project (10 points)

**Data Collection and Reporting (10 points possible)**

- Ability to track data as evidenced by program data currently collected (5 points)
- Plan for assessing Project effectiveness and list of data to be collected (5 points)

**Budget (10 points possible)**

- Line-item budget reflects a realistic estimate of the costs associated with planning, implementing, and sustaining the Project (5 points)
- Detailed budget narrative that clearly explains and justifies all line items in the proposed budget (5 points)

Please Note: There is no upfront expectation that Project services be billable to insurance (Medicaid or commercial insurance); however, successful Proposers should be amenable to working with ECT over time to explore opportunities to bill services to the health insurance of the person receiving services under the Project. ECT intends to offer technical assistance to successful Proposers as part of any future effort to enable successful Proposers to bill insurance.

## SECTION 4: How to Submit a Proposal

### *Prepare*

- RFP Information Session/Proposer’s Conference: Virtual and in person, June 21, 2023 at 1 p.m. via Zoom (location at ECT offices on the Pensacola State College campus, 1000 College Boulevard, Building 11)
- Office Hours: There will be “RFP open office hours” offered via Zoom. Anyone interested in the RFP and in submitting a Proposal may drop in at any time to ask questions. Attendance at the office hours is not required in order to submit a Proposal. Preliminary answers will be provided orally for questions asked during the office hours. Final, definitive answers will be posted in writing on the ECT Bids & RFPS webpage. Once finalized, information about office hours will be posted on the RFP landing page, available at <https://escambiachildrenstrust.org/bids-and-rfps/>, at least seven days in advance.
- RFP Expectations: Proposers should take time to review and understand the RFP in its entirety including:
  - The background (see Section 1: Why ECT Is Issuing This RFP)
  - The narrative (see Section 2: What ECT Is Looking For)
  - The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
  - The evaluation process (see Section 5: How ECT Reviewers Will Evaluate Your Proposal)
- Collaborative Proposals: Collaborative proposals, in which two or more entities partner to apply together, are permitted. Entities may participate in more than one Collaborative Proposal. Collaborative Proposals can include:
  - Lead Agency: ECT can enter into a contract with only one partner of a Collaborative Proposal. Therefore, a Collaborative Proposal must identify one entity as the Lead Agency that will be the contracting party with ECT. The Lead Agency should be the Proposer.
  - Partners: Partners must be committed to a role in carrying out the Contract Services and will be compensated for that role. Collaborative Proposals must attach a signed letter of commitment from each Partner that details and agrees to their role in the Contract Services.

### *Submit*

- SAMIS: Proposers must use SAMIS to submit a completed proposal, including all required uploads, by the deadline of 5 p.m. Central Time on Wednesday, July 26, 2023 to be considered for review. If a Proposal is late, it will be rejected and will not be presented to the Review Committee (as described in Section 5 below) for review and scoring.
  - Proposers will receive an email acknowledging receipt of their Proposal. If a Proposer does not receive this notification within 48 hours of submitting their Proposal, please contact: [Info@EscambiaChildrensTrust.org](mailto:Info@EscambiaChildrensTrust.org).
- How to Contact ECT about this RFP and RFP Communications: If you have any questions about this RFP, please email us at [Info@EscambiaChildrensTrust.org](mailto:Info@EscambiaChildrensTrust.org).
  - All content-related questions must be emailed by the Questions Deadline
  - You may submit technical or logistical questions at any time, even after the Questions Deadline



- All information about the RFP, including answers to all content-related questions and any changes or amendments, will be posted at our Bids & RFPs website at <https://escambiachildrenstrust.org/bids-and-rfps/>. Please check this website regularly for answers to questions, additional information and changes to the RFP or the RFP process.
- The last Q&A and website update for this RFP will be on Thursday, July 20, 2023, at 5 p.m. CT. We will make every effort not to post any new information after this time; however, we reserve the right to post new information in emergency circumstances.

## SECTION 5: How ECT Reviewers Will Evaluate Your Proposal

ECT will convene a Review Committee composed of subject-matter experts to evaluate Proposals. The Review Committee will assign scores to each Proposal by awarding points based on the evaluation criteria in Section 3, using the point scale listed in (b) below. The evaluation and review process will unfold as follows:

- a. ECT will form a Review Committee. The Review Committee, which will be composed of evaluators with expertise in the subject matter of this RFP, may include community members with lived experience, external subject matter experts or provider representative(s), representative(s) from key partners or funders and ECT board member(s).
- b. All Review Committee members will individually review and score each Proposal. Each Review Committee member will award points for each response on a Proposer's application utilizing their personal expertise and best judgment of how the Proposal submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:

- 0 – Not addressed in Proposal
- 1 – Poor
- 2 – Below expectations
- 3 – Meets expectations
- 4 – Exceeds expectations
- 5 – Outstanding

- c. Each 0-5 score will be multiplied by the appropriate weight for the number of possible points noted after each evaluation criterion in Section 3. For example, for a criterion worth 15 points, the 0-5 score would be multiplied by three. An "Outstanding" response would receive 15 points, while one that "Meets Expectations" would receive nine points.
- d. The online application system, SAMIS, will tally the average scores of the members of the Review Committee and ECT staff will report a list of average scores to the entire Committee. The Committee will meet, consider the average scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP. The Committee will have the discretion to proceed as follows:
  - a. (i) To recommend to the ECT Board of Directors a reduced number of Proposals be shortlisted for more extensive review through a formal oral presentation to the Committee; or
  - b. (ii) To recommend to the ECT Board of Directors that ECT enter into an Agreement(s) with the Successful Proposer(s).
- e. As described in (c) above, ECT shall have the exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, ECT may request that shortlisted Proposers make a formal oral presentation to the Review Committee. Each Committee member will individually score the oral presentation of the shortlisted Proposers using the following criteria and the scale outlined above. The maximum score that a shortlisted Proposer's oral presentation can receive is 15 points:
  - a. Presentation demonstrates Proposer's ability to implement the Contract Services

- effectively (5 points)
- b. Proposer's answers to Review Committee's questions demonstrate Proposer's ability to implement the Contract Services (5 points)
- c. Proposer's presentation is thoughtful and professional (5 points)
- f. ECT will tally the average scores of the members of the Review Committee to the shortlisted Proposer formal oral presentations – and report a list of average scores to the entire Committee. The Committee will meet, consider the scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP.
- g. The Committee will submit its recommendation for the award of an Agreement or Agreements to the ECT Board of Directors for approval. The Board of Directors will, in turn, approve a resolution asking the ECT Executive Director to enter into an Agreement or Agreements with the Successful Proposer(s).
- h. At any time during the evaluation process, ECT staff may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
- i. As part of determining a Proposer's eligibility to enter a contract with ECT, all Proposers' financial audits or other documentation will be reviewed by ECT staff fiscal analysts to ensure a Proposer's financial stability.
- j. ECT is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. ECT reserves the right to reject any and all Proposals.
- k. All Proposers will be notified of ECT's final decision of which Proposer(s) will be awarded an Agreement.
- l. Proposers that are not awarded an Agreement but who are interested in receiving feedback regarding their submission may request a phone call appointment by emailing [Info@EscambiaChildrensTrust.org](mailto:Info@EscambiaChildrensTrust.org).

## SECTION 6: Contract Requirements for Successful Proposers

In order to enter into an Agreement with ECT, Proposers must comply with all contract requirements listed below and all standard terms and conditions contained in an ECT contract. Additional details about contracting with ECT are provided in the sample ECT available on our website.

Respondents are cautioned to read carefully and conform to this solicitation's requirements. Failure to comply with the provisions of this solicitation may serve as grounds for rejection of a response.

- **Exceptions:** ECT expects all firms to consent to the scope of work and specifications outlined herein. Exceptions must be clearly noted in the submission.
- **Cost for Proposal Preparation:** Any costs incurred by prospective contractors in preparing or submitting proposals as well as costs associated with any resultant presentations or negotiations are the prospective contractors' sole responsibility; the ECT will not reimburse any prospective contractor for any costs incurred prior to contract award.
- **Fixed Rate:** Prospective contractors should submit a fixed rate price for identified services. The price shall include all labor, material, and equipment necessary for the performance of the agreement. Responsive submissions shall clearly indicate the legal name, address, telephone number, and email address of the firm and identify one representative with the authority to answer questions or provide clarification about the proposal.
- **Time for Acceptance:** Submissions shall be binding and in effect for ninety (90) days after the proposal opening.
- **Subcontracting:** Prospective contractors may propose to subcontract portions, but not all, of the work performed. However, prospective contractors shall clearly indicate in their proposals all the work they plan to subcontract, to whom it will be subcontracted, and where activities will be located in service to children who domicile in Escambia County. Prospective contractors shall also provide identifying information for each proposed subcontractor including the identifying information provided by the contractor submitting the proposal.
- **Accommodations:** Reasonable accommodations will be provided by ECT for prospective contractor personnel who need assistance due to a physical disability. However, ECT must have reasonable advance written notice prior to the information session or any other visit to ECT's facilities. The prospective contractor shall contact the email on the cover page of this ITB to arrange for reasonable accommodations.
- **Chapter 119:** Upon the deadline for submission, proposals become subject to public disclosure in accordance with Chapter 119, Florida Statutes.
- **Correcting Proposals:** Correction of inadvertently erroneous bid submissions shall be permitted up to the time of solicitation deadline. Respondents shall not be allowed to modify their proposals after the submission deadline time and date.
- **Receiving Proposals:** Proposals will be received until the date and time stated in this solicitation and will be publicly opened and read at the place, time and date stated. No responsibility will attach the ECT for the premature opening of a proposal not properly

addressed and identified.

- **Rejecting Proposals:** Proposals may be rejected and/or respondents disqualified for the following reasons:
  - Failure to update the information on file including address, product, service or business descriptions.
  - Failure to perform according to contract provisions.
  - Conviction in a court of law of any criminal offense in connection with the conduct of business.
  - Evidence of a violation of any federal or state antitrust law based on the submission of proposals, or the awarding of contracts.
  - Evidence that the Respondent has attempted to give an ECT member or employee a gratuity of any kind for the purpose of influencing a recommendation or decision in connection with any part of the ECT purchasing activity.

### ***Provisions***

#### **General Information**

ANY PROPOSAL DETERMINED TO BE UNRESPONSIVE TO THIS SOLICITATION, INCLUDING INSTRUCTIONS GOVERNING THE SUBMISSION OF PROPOSALS, WILL BE DISQUALIFIED WITHOUT EVALUATION UNLESS THE ECT OR DESIGNATED COMMITTEE DETERMINES THAT THE NONCOMPLIANCE IS INSUBSTANTIAL.

The ECT makes no guarantee that any services will be purchased pursuant to any Contract entered into with Respondent as a result of this solicitation.

Unless otherwise specified in this solicitation, all communications, responses, and documentation must be in English, and all cost proposals or figures in U.S. currency. All responses must be submitted in accordance with the specific terms of this solicitation.

The goal of this solicitation is to select and enter into a Contract with the Respondent that will provide the best value of services to achieve the procurement goals of the ECT.

Costs that are not specifically identified in the Respondent's response and/or not specifically accepted by the ECT as part of the Contract will not be compensated under any contract awarded pursuant to this solicitation.

Respondent's submitted bid shall be treated by the ECT as an accurate statement of Respondent's capabilities and experience. Should any statement asserted by the Respondent prove to be inaccurate or inconsistent with the foregoing, such inaccuracy or inconsistency shall constitute sufficient cause for rejection of the Response and/or of any resulting contract.

The ECT or designated committee will rule on any such matters and will determine appropriate action. If the ECT determines that it is necessary to revise any part of this solicitation, or if additional data is necessary to clarify any of its provisions, a supplement will be issued in the same manner as originally distributed.

The ECT's solicitation evaluation personnel reserve the right to amend the solicitation any time

before the deadline for response submission. The Contract and work orders entered into as a result of this solicitation shall be on a fee for service basis.

It is anticipated that the ECT shall select one Respondent to this solicitation and intends to enter into a Contract with one Respondent. It is anticipated that the term of the Contract entered into pursuant to this solicitation will be for a term of one year, with an option for the ECT to renew it in its discretion for an additional one-year term.

#### Waiver Authority

The ECT reserves the right, at its sole discretion, to waive minor irregularities in submittal requirements, to request modifications of the response, to accept or reject any or all responses received, and/or to cancel all or part of this solicitation at any time prior to awards.

#### Disclaimer

This solicitation does not commit the ECT to award any funds, pay any costs incurred in preparing a response, or procure or contract for services or supplies. The ECT reserves the right to accept or reject any or all responses received, negotiate with all qualified Respondents, cancel or modify the solicitation in part or in its entirety, or change the response guidelines, when it is in its best interests.

#### Contract Ethics

The following contract ethics will also apply:

- No elected official or employee of the Trust who exercises any responsibilities in the review, approval, or implementation of the proposal or agreement shall participate in any decisions, which affects his or her direct or indirect personal or financial interest.
- The firm shall not assign any interest in this agreement and shall not transfer any interest in the same without the prior written consent of the Trust.
- The firm shall not accept any client or project that places it in a conflict of interest with its representation of the Trust. If such conflict of interest is subsequently discovered, the Trust shall be promptly notified.

#### Indemnification and Hold Harmless

Respondent covenants and agrees that it will indemnify and hold harmless the ECT and all of the ECT's officers, agents, and employees from any claim, loss, damage, costs, charge or expense arising out of any act, action, neglect or omission by Respondent during the performance of the contract, whether direct, or indirect, and whether to any person or property to which the ECT of said parties may be subject, except that neither the Respondent nor any of its subcontractors will be liable under this section for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of ECT or any of its officers, agents, or employees.

#### Insurance

If required upon execution of a contract, the Respondent shall maintain insurance during the life of this agreement, and the ECT shall be listed as additional insured on that insurance document. A waiver of subrogation must be added in all areas and shall suffice in lieu of additional insured

on workers' compensation, in an amount and a form set forth herein, to insure against risks, which are identified herein. Insurance providers must be rated "A" or better according to the A.M. Best Company.

#### Independent Contractor

It is expressly understood and agreed by both parties hereto that the ECT is contracting with the successful Respondent as an independent contractor. The parties hereto understand and agree that the ECT shall not be liable for any claims which may be asserted by any third party occurring in connection with the services to be performed by the successful Respondent under this contract and that the successful Respondent has no authority to bind the ECT. The Respondent represents itself to be an independent contractor offering such services to the public and shall not represent himself or his employees to be an employee of the ECT. Therefore, the Respondent shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, worker's compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save, and hold the ECT, its officers, agents, and employees, harmless from and against, any and all loss; cost (including attorney's fees); and damage of any kind related to such matters. The Respondent shall further understand that the ECT cannot save and hold harmless and or indemnify the Respondent and/or the Respondent's employees against any liability incurred or arising as a result of any activity of the Respondent or any activity of the Respondent's employees performed in connection with the Contract.

## **Appendix A: Communities in Need (Social Vulnerability Index)**

[https://drive.google.com/file/d/1xz3c49q3aoDrpjYfQSAWDGAF\\_EyFBvdK/view](https://drive.google.com/file/d/1xz3c49q3aoDrpjYfQSAWDGAF_EyFBvdK/view)



## Appendix B: Definitions

**Adverse Childhood Experiences (ACEs), or adverse traumatic events:** ACEs are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. *(Source: CDC)*

**Community-Led/Community-Operated:** An approach that: is accountable to the vision and priorities set by a community; puts the people most affected by the work in the lead; ensures diverse representation in planning and decision-making; mobilizes the community's own resources; and uses feedback to improve. (Sources: GlobalGiving; you can find the Community-Led checklist [here](#))

**Continuum of mental health care:** Communities provide different types of treatment programs and services for children and adolescents with mental illnesses. The complete range of programs and services is referred to as the continuum of care. Not every community has every type of service or program on the continuum. When several of the services are provided, the organization may be called a health care system. *(Source: AACAP)*

**Cultural competency:** Cultural competency means that, as a provider, you are able to interact effectively with people of different cultures, by incorporating their unique beliefs, behaviors, and needs into their diagnosis and treatment plan. Simply put, a culturally competent mental health care provider is able to consider how someone's culture, race, and ethnicity may influence their mental health, and the best way to treat them. It also indicates a willingness to take into consideration the extreme hurdles, and added stigmas, that affect marginalized people on a daily basis, and that, over time, have an outsize impact on their mental health and their ability to find a trusted source to get help. *(Source: NAMI)*

**Evidence-based practices:** In the field of children's mental health services research, the term "evidence-based practice" refers to a body of scientific knowledge about service practices—for example, referral, assessment, and case management—or about the impact of clinical treatments or services on the mental health problems of children and adolescents. The knowledge base is created through the application of scientific methods that examine the impact of certain practices on outcomes for the child or adolescent and his or her family. Evidence-based practice is a shorthand term that denotes the quality, robustness, or validity of scientific evidence as it is brought to bear on these issues. *(Source: American Psychiatric Association)*

**Fiscal sponsor:** An organization that provides fiduciary oversight, financial management, and other administrative services such as taking on the responsibility of receiving and administering charitable contributions on behalf of the sponsored organization and performing back-office functions. Fiscal sponsors are usually non-profit entities but government agencies can also serve as fiscal sponsors. *(Source: National Council of Nonprofits)*

**Informal helpers:** Only 30-35% of people with mental health problems seek help from professionals; further, young people can be reluctant to seek help for a mental health problem

due to many factors. Research suggests that early and meaningful intervention within this demographic is essential to support improved quality of life and reduce youth death by suicide. The role of informal sources of help in youth mental health help-seeking pathways is an important subject. Friends and family as well as religious leaders, or other non-health professionals, usually offer what's known as "informal" help, and studies have shown members of the public tend to rate the helpfulness of informal help from friends and family more highly than that of professionals. In addition to trusted intermediaries, informal helpers can include peer-to-peer support and self-help with people who share similar problems. The World Health Organization asserts that primary care services should be supported by self-care and informal community care in their optimal mix of services. (Sources: WHO, BMC Psychiatry)

**Informal Mental Health Supports:** Non-medical supports for mental health that can be provided via help from peers, friends and family, religious leaders or from other non-health professionals. (Source: WHO)

**Marginalized communities:** Marginalized communities are those excluded from mainstream social, economic, educational, and/or cultural life. Examples of marginalized populations include, but are not limited to, groups excluded due to race, gender identity, sexual orientation, age, physical ability, language, and/or immigration status. Marginalization occurs due to unequal power relationships between social groups. (Source: National Library of Medicine)

**Mental health:** Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Although the terms are often used interchangeably, poor mental health and mental illness are not the same. A person can experience poor mental health and not be diagnosed with a mental illness. Likewise, a person diagnosed with a mental illness can experience periods of physical, mental, and social well-being. (Sources: WHO, CDC)

**Mental health, children and youth:** Being mentally healthy during childhood means reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities. Today, mental health challenges are the leading cause of disability and poor life outcomes in young people. Unfortunately, in recent years, we've seen significant increases in certain mental health disorders in youth, including depression, anxiety, and suicidal ideation. (Source: CDC, U.S. Surgeon General)

**SAMIS:** The Services and Activities Management Information System (SAMIS) is a web-based reporting system developed to increase the efficiency of program and financial data transferred between the Escambia Children's Trust and funded programs. Funded agencies are required to use SAMIS for both programmatic and fiscal functions including budgets, reimbursements, amendments, position management, and document repository. The latest edition of SAMIS, which ECT is using, provides features like program dashboards, document approval queues,

improved reporting, position management, and workflow. (Source: *Webauthor*)

**Social Vulnerability Index (SVI):** The Social Vulnerability Index uses U.S. Census data to determine the relative social vulnerability of every census tract in the country. The SVI ranks each tract on 14 social factors and groups them into four related themes. Each tract receives a separate ranking for each of the four themes, as well as an overall ranking. (Source: *CDC*)

**Stigma, mental health:** Stigma is a form of oppression that creates barriers for children to obtain timely and appropriate mental health care. Children are stigmatized when they are stereotyped, prejudiced, and discriminated against for struggling with mental health challenges. They may experience public stigma from others when people see them as incapable or “less than.” Another level of stigma is structural, in which children’s rights and opportunities are constrained from receiving mental health services due to their mental illness. (Source: *Clinical Psychology Review*)

## Appendix C: Required Information

### ECT Governing Laws and Regulations

For the full text of the applicable laws and regulations governing ECT, please use the following web links:

- [Ordinance 2020-22 of Escambia County, Florida](#): ECT Charter/Creation Ordinance
- Statutes under which the ECT special district operates: [125.901, F.S.](#); [Ch. 189, F.S.](#)
- [Link to other legal documents](#)

### Background Screening

All staff working in ETC-funded programs must comply with Level 2 background screening and fingerprinting requirements in accordance with § 943.0542, Fla. Stat., § 984.01, Fla. Stat., § 435, Fla. Stat., §402, Fla. Stat., § 39.001, Fla. Stat., and § 1012.465, Fla. Stat. as applicable. The funded agency must maintain staff personnel files which reflect that a screening result was received and reviewed to determine employment eligibility prior to employment. An Affidavit of Good Moral Character must be completed prior to hire for each employee, volunteer, and subcontracted personnel who works in direct contact with children. Program providers will be required to re-screen each employee, volunteer and/or subcontractor every five (5) years.

### Drug-Free Workplace

The undersigned vendor, in accordance with Florida Statute 287.087 hereby certifies that it will:

- Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
- Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in Paragraph 1.
- In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will adhere to the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 thru 5.

Certification Regarding E-Verify System

Pursuant to §448.095, Florida Statutes, the Contractor hereby certifies the following:

Contractor shall register with and utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of all new employees hired by Contractor during the term of this Agreement and shall expressly require any subcontractors performing work or providing services pursuant to this Agreement to likewise utilize the E-Verify System to verify the employment eligibility of all new employees hired by the subcontractor during the term of this Agreement. If Contractor enters into a contract with a subcontractor performing work or providing services on its behalf, Contractor shall also require the subcontractor to provide an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien.

Failure to comply with these requirements shall be cause for immediate termination of the Agreement.

Equal Employment Opportunity Statement

The undersigned Respondent, by the e-signature below, represents that the foregoing information is true and correct. The undersigned Respondent, by the signature below, provides assurances to the Escambia Children's Trust of its compliance with Federal, State and local affirmative action and equal employment opportunity requirements. The undersigned Respondent further assures that it and its sub-contractors/sub-recipients' facilities are accessible to the handicapped (if applicable).

IN WITNESS WHEREOF, this Equal Employment Opportunity Statement is hereby e-signed as of the date indicated.

Statement on Public Entity Crimes

In accordance with Florida Statute 287.133, the following information is provided: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statute 287.017 for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

## Appendix D: Mental Health Task Force of Northwest Florida Strategic Plan and Roadmap Report – May 19, 2023

- Landing Page: <https://mentalhealthtaskforce.org/>
- Full Report: [https://mentalhealthtaskforce.org/wp-content/uploads/2023/05/5.19.2023-Northwest-Florida-Mental-Health-Task-Force-Strategic-Plan-and-Roadmap-report TASK-FORCE-DRAFT.pdf](https://mentalhealthtaskforce.org/wp-content/uploads/2023/05/5.19.2023-Northwest-Florida-Mental-Health-Task-Force-Strategic-Plan-and-Roadmap-report_TASK-FORCE-DRAFT.pdf)