



# PARTNERSHIP FOR STRONG FAMILIES

## **Request for Proposals to Provide Behavioral Health Services**

Partnership for Strong Families (PSF) is requesting proposals to identify and pre-qualify providers that can offer a continuum of services for children and families in **Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor, and Union Counties – Judicial Circuits 3 & 8**, and/or other counties served by PSF. All providers who wish to offer direct services to PSF clients must complete this Request for Proposal. PSF is a 501(c)(3) organization that is a child welfare lead agency, organized under the laws of the State of Florida, serving 13 counties in Judicial Circuits 3 & 8. In an effort to maintain ongoing services to maintain an adequate administrative organizational structure and support staff sufficient to discharge its contractual responsibilities and in compliance with all applicable administrative rules and statutes, PSF is seeking responses to the Request for Proposal (RFP) from established Behavioral Health Services agencies providing behavioral health services throughout the State of Florida.

This document serves as an invitation for your agency to submit a response to PSF's RFP for Behavioral Health Services.

**Domestic Violence Assessment** - This assessment determines the nature, origin, and intent of an individual's perpetration of violence to gain insight into the purpose and potential risk factors of violent and coercive behavior. This assessment determines if an individual engages in dynamics of power and control, including coercion. The assessment evaluates patterns of assaultive and coercive behaviors, including physical, sexual, and psychological abuse, as well as economic coercion, used to establish power and control over an intimate partner. This assessment considers common tactics used by perpetrators of intimate partner violence to instill and maintain power and control of one over another including coercion and threats, physical violence; intimidation; use of emotional abuse and not allowing the victim to have a job; use of isolation; minimizing, denying, and blaming; using children against the adult victim; using of economic abuse and control over finances; and using male privilege. The assessment identifies any patterns of coercive control, including tactics to isolate, degrade, exploit, and control the victim. The degree of risk for children, partners, family, and household members is addressed in this assessment. Beliefs, attitudes, standards, stressors, and behavioral patterns are assessed. The assessment also evaluates other issues or factors that may contribute to the individual's behaviors, such as reactive outbursts when an individual feels threatened or deficits in communication, stress management, and emotional

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regulation. The assessment includes recommendations for consideration for service and treatment planning. The assessment includes a minimum 90-minute interview with the referred individual. Any applicable Florida Statutes and Florida Administrative Code sections, including those regulating assessor eligibility and minimum standards and professional qualifications of staff, apply and must be followed (e.g., Chapter 65H-2).

Batterer's Intervention Program (BIP) – The Batterer's Intervention Program is a minimum 29-week program that addresses the perpetration of violence by an intimate partner, spouse, ex-spouse, or a person who shares a child in common or who is a cohabitant in an intimate relationship for the purposes of exercising power and control by one over another. The program curriculum shall be based on a psychoeducational or cognitive behavioral therapy intervention model that recognizes domestic violence and dating violence as the result of one person in an intimate relationship systematically using tactics of coercion, emotional abuse, and physical violence to assert power and control over the other. The program is at least 29 weeks in length and includes 24-week sessions, plus appropriate intake, assessment, and orientation programming. Applicable Florida Statutes (e.g., Ch. 741, F.S. and Florida Administrative Code sections (e.g., Ch. 65H-2), including those regulating program requirements, curriculum, and facilitator eligibility, with standards and professional qualifications of staff apply and must be followed.

Supervised Family Visitation – Supervised visitation is the provision of a physical location for contact between a parent or family members and children in out-of-home placement, overseen by a trained third party in a controlled environment to enhance the safety of vulnerable parties. The contact between the parent and the child is structured so that program personnel may actively encourage and support the parent-child relationship. Facilitating and supporting does not mean therapeutic intervention rising to the level of therapist-client relationship. The core function is the provision of supervised visitation and/or monitored exchange services. The purposes of supervised visits are to ensure the safety and well-being of the child, adults, and program staff during supervised contact; to enable an ongoing relationship between a noncustodial parent and child by impartially observing their contact in a safe and structured environment; and to facilitate appropriate child/parent interaction during supervised contact. Documentation regarding the supervised contacts is provided. Levels of supervised visitation include constant supervision, intermittent supervision, and minimal supervision. Monitored exchange is the exchange of a child from the custodial parent to the non-custodial parent for overnight or extended off-site visitation, followed by the exchange of the child's return to the custodial parent.

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Therapeutic Visitation – Supervised therapeutic visitation includes the provision of therapeutic intervention to help improve parent-child interactions. Supervised therapeutic visitation may only be provided by court order. The visitation service is facilitated and monitored only by licensed mental health professionals who are also trained to provide supervised visitation. Services include appropriate intake and evaluation.

Behavior Analyst Assessment - This is a functional assessment that includes identifying variables that are influencing target behaviors, identifying the function or reasons for the behavior, and guiding treatment. Applicable education, training, and certification from the Behavior Analyst Certification Board, Inc.® (BACB®) applies for professional qualifications for staff providing services.

Behavior Analyst Services – This service includes Applied Behavior Analysis (ABA) therapy, services, and related supports. ABA therapy targets observable behavior as the focus of treatment and utilizes a variety of strategies to promote the display of acceptable behavior as a replacement for inappropriate behavior. Applied Behavior Analysis (ABA) therapy uses the principles of behavior science to increase positive behaviors while eliminating negative behaviors for long-term individual development. Services will include treatment development (e.g., response reduction, response acquisition) and parent/caregiver training (e.g., use of role modeling, monitoring). This treatment modality focuses heavily on improving caregiver-child interactions as a primary mode of maintaining child behavior change and thus involves systematic caregiver training. Services may include training other parents/caregivers or other individuals involved in the child's day-to-day activities to promote consistent service implementation across settings to facilitate the efficacy of ABA therapy if determined to be appropriate and feasible. Applicable education, training, and certification from the Behavior Analyst Certification Board, Inc.® (BACB®) applies for professional qualifications for staff providing services.

Nurturing Parenting Program (NPP) - The Nurturing Parenting Program is a family-centered trauma-informed initiative and services to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices. Service delivery may vary including in-office, group/class, in-home, and individual. Services include orientation, parent or caregiver and child observation, pre and post-test measures of progress that minimally include the Adult-Adolescent Parenting Inventory (AAPI-2), and discharge summary. NPP employs approximately 30 program models to meet the unique needs of families including the following models including but not limited to these models:

- NPP for Parents and their School Age Children 5 to 11 Years is a group-based program designed for families with children between 5 and 11 years who are referred for parenting education for child abuse and neglect and/or family dysfunction. Group sessions involve activities and discussion designed to help parents (1) set appropriate expectations, (2) empathize with their children, (3)

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reduce their use of harmful punishments, (4) develop positive parent-child roles (i.e., where the parent, not the child, acts as the caregiver), and (5) foster suitable levels of child independence.

- NPP for Parents and their Infants, Toddlers, and Preschoolers is a family-centered program designed for the prevention and treatment of child abuse and neglect. Both parents and their children who are birth to five years participate in home-based, group-based, or combination group-based and home-based program models. Lessons are competency-based, ensuring parental learning and skill mastery.

In-home Paraprofessional - In-home paraprofessional services include case management and supportive services that are provided by staff trained in areas relating to child safety. These services are offered depending on the needs of the individual family and include an appropriate intake assessment. Service delivery is home visits. Based upon the individualized needs of the family, case management, support, and educational services include home visits, delivering these services:

- Parenting Skills
- Housekeeping Skills
- Home Organizational/Household Management Skills
- Budgeting Skills
- Assistance Locating Employment & Employment Skills
- Life Management Skills
- Assistance Locating Housing
- Identification of Support Systems
- Assistance Locating Services for Children with Special Needs
- Collateral Contacts, Interdisciplinary Collaboration, & Creating Linkages

In-home Clinical – In-home clinical services include clinical interventions that are family system focused and delivered primarily in the home but may also be provided in a community-based setting such as a school. In-home clinical services may include individually focused interventions when appropriate. Services include an appropriate therapeutic intake or clinical assessment.

Substance Abuse Assessment and Counseling – These services include an array of treatment services, including assessment, counseling, and recovery support, designed to help individuals who have lost the ability to manage substance use on their own, are challenged by substance abuse, and require formal, structured intervention and support. Services include various levels of care, including recommendations for and/or program components such as outpatient treatment and other substance abuse program components. Assessment determines the presence of, or the nature of the referred individual's substance affiliation(s) and appropriateness for substance treatment, appropriate level of care recommendation, and substance screenings. The assessment also assists in determining if concurrent services may be beneficial to include mental health services or other community-based service provisions. The provision of substance

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abuse services is governed by Chapters 394 and 397 of the Florida Statutes. The Substance Abuse and Mental Health Program (SAMH) Office oversees the licensure and regulation of all substance abuse providers and professionals in the State of Florida. The licensure process is governed and regulated by Chapter 397, F.S., and Chapter 65-D, Florida Administrative Code (F.A.C.). Minimum licensure standards must be met for the provision of substance abuse services.

Psychiatric Evaluation – Psychiatric evaluation provides diagnosis for emotional, behavioral, or mental disorders. Evaluation components include identifying descriptions of behaviors and symptoms, effects of the behaviors or symptoms related to functioning, psychiatric interview, personal and family history of emotional, behavioral, and developmental disorders, complete medical history, and/or lab tests. Psychiatric evaluations provide for and inform treatment planning, including recommendations for medication and coordinated care for symptom relief and greater functioning.

Mental Health Assessment – Mental Health Assessment determines if criteria for a mental, emotional, or behavioral disorder is met and diagnosis, functioning level, necessity of treatment, and level of care. Treatment and other recommendations are provided if determined necessary. The assessment may include an interview, psychosocial, historical, and family information, review of records from collateral sources, and client strengths, needs, situation, and current functioning.

Anger Management Counseling – Counseling services may address identifying experiences, situations, circumstances for anger, examining triggers, identifying thought patterns, learning and implementing skills for resolving conflicts in more constructive ways, improving self-control and impulse-control, improving stress management, social, and communication skills. Services assist clients to gain insight into anger and circumstances, increase coping skills and methods of healthy expression of feelings and emotions and responses to anger. Services are individualized, evidence-based, and culturally competent. Displays of aggression, violence, or other inappropriate behaviors by referred clients for anger management counseling are not domestic violence issues and the exercise of power and control or coercion of one over another.

Mental Health Counseling and Clinical Services (Trauma Treatment) – These clinical services are provided by licensed mental health professionals and are individualized, evidence-based, and culturally competent for children, adolescents, and individuals who have experienced sexual, physical, and emotional abuse and behavior problems. Treatment modalities and interventions provided are effective in resolving emotional difficulties and symptoms caused by traumatic life experiences. Services include appropriate intake, assessment, or evaluation, and discharge. Evidence-based services may include, but are not limited to these services:

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) - TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and

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their parents or caregivers. It is a components-based treatment model that incorporates trauma sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events. It can be used with children and adolescents who have experienced a single trauma or multiple traumas in their lives.

- Eye Movement Desensitization and Reprocessing (EMDR) – EMDR is an evidence-based treatment of trauma that is designed to alleviate distress associated with traumatic memories and current situations eliciting distress, reformulate negative beliefs, and reduce physiological arousal. EMDR facilitates the accessing and processing of traumatic memories and other adverse life experiences to a resolution and assists the individual in acquiring skills needed for adaptive functioning. Minimally, the EMDR Basic Training eligibility and requirements, including 20 hours of instructional material, 20 hours of supervised practicum, and 10 hours of consultation, must be completed by the clinician (e.g., EMDR International Association approved EMDR Basic Training).
- Play Therapy – An evidence-based practice where trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development. This is typically provided to pre-teen children, often 3-5 years of age.

Mental Health Counseling and Clinical Services (Domestic Violence Competent) – These clinical services are provided by licensed mental health professionals with training specific to domestic and intimate partner violence to ensure comprehensive and thorough assessment and intervention practices, including the dynamics, safety, and risk considerations associated with domestic violence. Intimate partner violence does not call for mental health counseling or clinical level services for all survivors. Each individual's presentation, experience, and services needs are considered. Services are individualized, evidence-based, and culturally competent. Services include appropriate intake, assessment, or evaluation, and discharge.

Mental Health Counseling, Clinical, and Support Services (Adoption Competent) – These counseling and clinical services are provided by licensed mental health professionals with specialized training, education, and experience to provide effective treatment and services to those impacted by adoption. Approaches and service delivery methods may include, but are not limited to, individual counseling, group counseling, family counseling, support groups, trauma-informed, and attachment-focused services. Counseling, support, and adoption transition services are provided to pre-adoptive and post-adoptive families, addressing the social, emotional, and cultural challenges involved in the adoption process. Services help children and families develop skills and knowledge for a

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successful transition and supportive ongoing connections. Services include appropriate intake, assessment, or evaluation, and discharge.

Family Counseling – Family therapy sessions focus on improving interfamilial relationships and behavioral patterns within the family unit, as well as among individual members and groupings (subsystems) within the family. Sessions include parents, caregivers, children, and other family members. Approaches may address specialized clinical problem areas or issues. Counseling may provide information, emotional support, and practical guidance on problems faced in the family context. Services include appropriate intake, assessment, or evaluation, and discharge. Services are individualized, evidence-based, and culturally competent. Service delivery is outpatient or in-office.

Individualized Therapy for sexually aggressive-reactive children and Clinical Services for children and adolescents with sexual behavior problems – These clinical services are provided by licensed mental health professionals and are individualized, evidence-based, and culturally competent for children and adolescents with sexual behavior problems, adolescents who have sexually offended, child-on-child sexual abuse, and sexually reactive behaviors. Treatment may focus on eliminating or reducing sexual behavior problems/sexually reactive behaviors, developing appropriate knowledge and healthy boundaries, increasing sexual abuse prevention skills, improving coping skills, increasing social skills, and improving parent or caregiver skills for responding appropriately, supervision, and monitoring to promote safety, depending on the needs of the client. Individual sessions focused on helping a child cope with sexual development problems and/or the trauma of being sexually abused. Individual sessions emphasize decreasing sexual acting-out behaviors, eliminating maladaptive coping skills (e.g., dissociation; self-harm/mutilation; victimization of others; etc.), and teaching healthy boundaries, communication skills and self-control. Service delivery approaches may include individual, outpatient, and in-home services. Services include appropriate intake, assessment, or evaluation, and discharge.

Family Counseling (Sexual Abuse and Sexual Behavior Problems) – Family therapy sessions focus on educating parents or caregivers about age-appropriate sexuality for their children and teaching skills to set appropriate limits when necessary. While supporting treatment goals stressed during individual sessions, emphasis is also placed on therapeutic alliances with family members, family issues, reactions to the child's sexual abuse and/or acting out behaviors, marital/family conflicts, and decreasing sexual stimuli. Family sessions may include sibling victims as well as non-abused siblings when appropriate.

Group Counseling (Teen Group, Pre-teen Group, Children's Group, and Group Counseling/Sexual Abuse) - Any group therapy and treatment group for juveniles with

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sexual offending problems, developed according to treatment issues, age, and developmental levels, that emphasizes decreasing sexual acting out behaviors; increasing understanding of unhealthy associations and beliefs regarding sex and sexuality; learning about natural and healthy sexuality; integrating feelings and thoughts associated with prior victimization; teaching specific skills to reduce anxiety or arousal; and improving abilities to meet personal needs in assertive and socially appropriate ways. Services include appropriate intake, assessment, or evaluation, and discharge.

Non-offending Parent/Caregiver Education and Support Group – This group is a psycho-educational group focused on teaching parents, guardians, and caretakers about the challenges, risks, and other important issues related to caring for children and adolescents who have been sexually abused and/or who are exhibiting sexual behavior problems. Services include appropriate intake and discharge.

Psychosexual Evaluation – This evaluation focuses in depth on psychological and sexual functioning and examines the client's sexual interests, attitudes, and behaviors to determine if there is a problem related to sexual deviancy. The evaluation also assesses the client's risk of re-offending or acting out sexually in the future. The evaluation includes a comprehensive review of background information and the administration of psychological assessments and typically takes approximately 6-8 hours to complete. Clinical interviews with appropriate parties and a battery of assessments administered to the child and their parent/caregiver are included. Specific areas addressed may include past sexual trauma, family histories, problematic sexual behaviors, affective problems, cognitive and developmental functioning, coping skills, and readiness for group therapy if indicated. Clinical summaries and treatment recommendations are provided. This evaluation is more detailed than a Sexual Behavior Assessment and is typically not appropriate for young children.

Assessment for sexually aggressive-reactive children (Sexual Behavior Assessment) – This assessment focuses on the recent sexual behavior/abuse and includes any necessary treatment and placement recommendations. This assessment is appropriate for children or adolescents who have already had several previous evaluations (e.g., psychological, psychosexual, comprehensive behavioral health assessment, etc.), but whose recent sexual issues were not addressed. Also, this assessment is appropriate for younger or lower functioning children who are less verbal and unable to complete written assessments. Typically, this assessment takes approximately 4 -6 hours to complete.

Psychological Evaluation and Psychological Services – These evaluations use standardized tests, assessment tools, self-report measures, observation, review of records and history, clinical interview, and/or other specialized procedures for gathering and incorporating data to evaluate a person's behaviors, abilities, or other characteristics

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for diagnostic purposes and treatment recommendations. A written report of findings is included. Psychological assessment services may focus on but are not limited to areas related to parenting, bonding, intellectual and cognitive functioning, and emotional, behavioral, and mental health. Consideration for psychological evaluation for clients in child welfare involved cases may include a focus on gathering information on family history, assessing relevant personality functioning, assessing developmental needs of the child, exploring the nature and quality of the parent-child relationship and parental protective capacities, and assessing evidence of trauma. Evaluations may address specific risk factors such as substance abuse or chemical dependency, domestic violence, the health status of family members, and the entire family context. In addition, evaluations may consider information including cultural, educational, and community factors. Psychological evaluation and services may include, but are not limited to, pre-adoptive psychological evaluation, parent or caregiver and child(ren) observation, and psychological evaluation update/re-evaluation. Psychological evaluation and services may be provided to children, parents/caregivers, individually or together.

Trauma Focused Occupational Intake, Evaluation, and Therapy – These are occupational therapy services to children and youth between the ages of two and 17-years-old who have a history of complex trauma. Services target the treatment of complex trauma for children and adolescents experiencing severe difficulties with emotional regulation, managing stress, aggression, withdrawal, daily schedules, functionally completing activities of daily living, cognition, physical problems, self-worth, or the ability to enjoy or maintain attachment and connections with others. Trauma focused occupational therapy addresses complex trauma that is severe and affects children’s neurobiological development and emotional health; significant difficulties with integrating and interpreting emotional states, cognitive awareness, and sensory information; challenges with emotional regulation, cognition, stress reactions, attachment and trust; aggression towards self and others, impulse-control, attention, self-worth, withdrawal, participation in age appropriate and daily activities, physical, motor, and somatic concerns, social interactions, self-care, and failure to achieve developmental milestones and master developmental competencies. Services include an appropriate trauma focused occupational therapy intake or evaluation and discharge.

Parent-Child Interaction Therapy (PCIT) - In Parent-Child Interaction Therapy (PCIT), parents are coached by a trained therapist in behavior-management and relationship skills. PCIT is a program for two to seven-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem-solving. Therapists use “bug-in-the-ear” technology to provide live coaching to parents or caregivers from behind a

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one-way mirror (there are some modifications in which live same-room coaching is also used). Parents or caregivers progress through treatment as they master specific competencies, thus there is no fixed length of treatment. PCIT is typically delivered in-office over 12-20 weekly hour-long sessions, but the exact treatment length varies based on the needs of the child and family. Treatment is considered complete when a positive parent-child relationship is established, the parent can effectively manage the child's behavior, and the child's behavior is within normal limits on a behavior rating scale. PCIT can be considered for virtual and in-home delivery.

Minimum qualifications for staff providing clinical services include a Master's degree in a related field, under the direct supervision of a licensed mental health professional or directly through a licensed mental health professional. In addition, some clinical specialty areas may require qualification as a licensed mental health professional. Each specialty area requires verification by the provider in that area of practice based on specialized training and/or observation by an individual skilled in the practice specialty. Evidence of applicable or relevant licensure, certification, and/or training may be required for staff providing specialized services or clinical specialty areas and for evidence-based program practitioners. Any exceptions will require PSF review and approval. All programs and services must follow relevant state guidelines and standards, including those areas governed by Florida Statutes or Florida Administrative Code.

The purpose of this RFP is to enable PSF to enter into a contract to offer a continuum of services for children and families. The fixed-price/unit-cost fee for the services contract awarded under this RFP will cover behavioral health services in the catchment area, and the awarded contract will be effective **July 1, 2026 – June 30, 2028**. PSF, at its discretion, reserves the right to extend any contract awarded from this RFP to continue the relationship with the chosen service provider.

**Response Format**

In responding to this request, please provide the following information and as needed, supporting documentation to demonstrate the respondents' capabilities to take on behavioral health services. (Not including all the information requested may be grounds for disqualification of the responder's proposal.)

**1. Leadership**

- Provide how the agency is organized. Briefly describe the make-up of the volunteer and paid leadership of the organization.

**2. Services**

- Which programs and services do you currently offer? Please outline them.

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- Please provide information about any other evidence-based and well-supported behavioral health services provided by your agency that may benefit clients working with PSF.
- Please provide additional information about your funding structure and insurance accepted by your agency. Please include information around any grant funding you receive.

**3. Consumers**

- Whom do you serve? Outline the size and characteristics of the population you serve, and statistical information about the number of people needing your type of service. Please indicate county or counties served.

**4. Reference**

- Provide three letters of reference; it is preferred to have at least one from a Community Based Care Lead Agency or Case Management Agency.

**5. Past Practice and Performance**

- Describe your agency's history of providing behavioral health services in Florida.
- Describe your agency's quality assurance process/program, identifying areas of strength and areas in need of improvement. The response should include examples of actions taken to address areas in need of improvement and lessons learned. Responses should also indicate how services in PSF's catchment area will be incorporated into the respondent's existing quality assurance structure, activities, and oversight, and should describe what new activities and oversight might need to occur as a result of the agency's potential increased capacity or geographical enhancement.

**6. Budget**

- Provide the agency's current budget and the corresponding budget related to additional revenue and expenses related to the addition of any new office locations, travel and staff. Provide a narrative to describe the budget changes and how the changes will be made. The budget must provide details for salaries, benefits, etc.

**Submission of Questions**

All questions regarding this proposal should be submitted to Danielle Alenda via email (Danielle.Alenda@pfsf.org) no later than **May 8, 2026, at 5:00 p.m.** A response to all inquiries posed will be provided by the close of business on **May 13, 2026, by 5:00 P.M.**

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**Submission of Proposals**

Submit a PDF of your proposal by email to the Procurement Manager, Danielle Alenda (Danielle.Alenda@pfsf.org), no later than **May 20, 2026, by 5:00 p.m.**

In the subject line of the email, please include “Proposal to Provide Behavioral Health Services” and the firm’s name. PSF reserves the right to refuse proposals not providing the information requested or by the time requested within this proposal.

The final decision is not necessarily tied to the highest score or lowest cost. The PSF Board reserves the right to make a determination based on what is in the best interest of the agency.

**Notification of Award:**

1. It is expected that a decision selecting the successful Behavioral Health Services provider(s) will be made within 15 business days of the closing date for the receipt of proposals.
2. Selection results will be posted publicly on our official website at <https://www.pfsf.org/about-us/partnership-provider-network/>.

**Small, Certified Minority and Florida Certified Veterans Businesses Participation:**

Small businesses, certified minority, and Florida certified veteran business enterprises are encouraged to participate in this solicitation. All responders shall be accorded fair and equal treatment.

**Evaluation:**

**Mandatory Requirements**

Proposals may be judged nonresponsive and removed from further consideration if any of the following occur:

1. The proposal is not received timely in accordance with the terms of this RFP.
2. The proposal does not follow the specified format.
3. The proposal does not have the specified number of references with the required contact information.

**Protest:**

Please note that this and all other postings are secondary to the electronic postings on [www.pfsf.org](http://www.pfsf.org), which is the sole official posting for this advertisement. Any protest regarding this advertisement must be communicated to the PSF Procurement Manager and documented within 72 hours of the first official posting. Physical posting will not extend that 72-hour deadline. Likewise, it is the responsibility of those submitting a response to this advertisement to obtain the results from the [pfsf.org](http://pfsf.org) official posting site in sufficient time to protect their own interests should they care to do so.