

**Request for Letters of Interest (RLI) for
Forensic Multidisciplinary Team in Broward County (FMT)
Solicitation #16002**

Available: August 29, 2016 – September 26, 2016

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I. BACKGROUND

The Broward Behavioral Health Coalition, Inc. (BBHC) was created in 2011 and was selected by the Florida Department of Children and Families (DCF) as Broward County’s Managing Entity (ME) for mental health and substance abuse services as defined in §394.9082, Florida Statutes.

BBHC’s mission is to advocate and ensure an effective and efficient behavioral health system of care is available in Broward County.

II. STATEMENT OF PURPOSE

To procure a Forensic Multidisciplinary Team (FMT) in Broward County.

A. OVERVIEW

Forensic Multidisciplinary Teams (FMTs) provide a 24 hour a day, seven days per week, comprehensive approach to divert individuals from involvement in the criminal justice system as well as from commitment to Forensic State Mental Health Treatment Facilities (SMHTFs) and other residential forensic programs by providing community-based services and supports. The FMTs will serve individuals in the pre- and post-adjudicatory phases. Many of these individuals are charged with “lesser” felony offenses and do not have a significant history of violent offenses.

1. Program Description

The FMT program is adapted from the Florida Assertive Community Treatment (FACT) model. Each team must have the capacity to serve a total of 45 individuals at any given time. The FMT model is comprised of a self-contained support team responsible for directly providing or coordinating the majority of treatment, rehabilitation, and support services according to the range of services specified in **Section B.2**. Services shall be individualized, comply with each individual’s court orders, and be provided primarily in out-of-office settings.

The FMT model is recovery-oriented, promotes empowerment, and encourages personal responsibility. Guiding principles include participant choice, cultural competence, person-centered planning, stakeholder inclusion, and meaningful input by the individual into their treatment. The FMTs shall promote the safety of the individuals and the community at large while providing oversight and structure to individuals who need community-based services and supports. The FMT shall base services on the principles of Trauma Informed Care using evidenced based interventions and practices including but not limited to Moral Reconciliation Therapy® (MRT) and Motivational Enhancement Therapy (MET).

2. Program Goals

The goals for the FMTs include:

- a. Diverting individuals who do not require the intensity of a forensic secure placement from the criminal justice system to community-based care;
- b. Eliminating or lessening the debilitating symptoms of mental illness that the individual experiences,
- c. Addressing and treating co-occurring mental health and substance abuse disorders;
- d. Reducing hospitalization;
- e. Increasing days in the community by facilitating and encouraging stable living environments; and
- f. Collaborating with the criminal justice system to minimize or divert individuals from incarceration.

3. Individuals to Be Served

a. The FMT provides services to:

- (1) Individuals determined by a court to be Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI), pursuant to Chapter 916, F.S., or
- (2) Persons with serious and persistent mental illness who are arrested and, prior to adjudication, are referred to the FMT by duly authorized representatives of local law enforcement, local courts, the State Attorney, the Public Defender or the Managing Entity.

b. In the event the FMT is operating at its maximum capacity, the FMT shall establish a wait list for additional referrals, according to the following priorities:

- (1) Persons who have resided in a Forensic SMHTF for at least six (6) months in the last 36 months;
- (2) Persons who reside in the community and have had two (6) or more admissions to a Forensic SMHTF in the last 36 months;
- (3) Persons who reside in the community and have had three or more admissions to a crisis stabilization unit (CSU), short-term residential facility (SRT) or inpatient psychiatric unit within the last 12 months;
- (4) Persons who reside in the community and, due to a mental illness, exhibit or would exhibit behavior or symptomatology which could result in long-term hospitalization if frequent interventions for an extended period of time were not provided and additional court involvement.

B. NETWORK SERVICE PROVIDER RESPONSIBILITIES

1. Staffing Requirements

a. Minimum Staffing Standards

The FMT staffing configuration is comprised of practitioners with a diverse range of skills and expertise. This enhances the team's ability to provide comprehensive care based on the individual's needs.

- (1) The FMT shall employ a minimum of:
 - (a) 1.0 Full-Time Equivalent (FTE) Licensed Team Leader;
 - (b) 2.0 FTE Case Managers;
 - (c) 2.0 FTE Peer Specialists;
 - (d) 0.5 FTE Psychiatric Advanced Registered Nurse Practitioner (ARNP) or Psychiatrist;
 - (e) 1.0 FTE Therapist; and
 - (f) 0.5 FTE Administrative Assistant.

- (2) The FMT shall maintain a Case Manager-to-Individual ratio of no more than 1:23.
- (3) The FMT shall include Case Managers that have expertise in serving the forensic population and assisting individuals in justice system compliance, including the mandates of conditional release orders, in addition they will have expertise in the following supportive domains:
 - (a) A Housing, Education, and Employment Specialist with expertise in assisting individuals obtain and maintain stable community housing and employment;
 - (b) A SOAR Lead with expertise in assisting individuals obtain and maintain benefits and identifying additional resources to address unique individual needs.
- (4) The FMT is encouraged to include a credentialed Recovery Peer Specialist as one of the Case Managers.
- (5) In addition to the direct service staff, the FMT provider shall provide as-needed capacity to provide psychiatric care and administrative support.
- (6) The FMT provider must ensure access to a 24 hour on-call mental health professional for crisis support and information and referral services.

b. Staff Roles and Qualifications

(1) Team Leader (1.0 FTE)

The Team Leader must be a full-time employee and possess a Florida license in one of the following professions:

- (a) Clinical Social Worker;
- (b) Marriage & Family Therapist;
- (c) Mental Health Counselor;
- (d) Psychiatrist;
- (e) Registered Nurse; or
- (f) Psychologist.

The Team Leader is responsible for administrative and clinical supervision of the FMT and functions as a practicing clinician. The Team Leader must have at least one year of full-time work experience with individuals with serious mental illnesses as well as prior supervision experience.

(2) Case Manager (2.0 FTE)

Case Managers must have a minimum of a bachelor's degree in a behavioral science or be credentialed as a Certified Recovery Peer Specialist. Case Managers must have a minimum of one year of work experience with adults with serious mental illnesses and be credentialed as described in BBHC's credentialing policy. Additionally, they must be trained in, and use Wellness Recovery Action Planning (WRAP) as part of their service planning. They will be working in conjunction with the Peer Specialists on their caseloads. Case Managers shall be supervised by the Team Leader.

Case Managers are primarily responsible for providing or coordinating the services specified in **Section B.2.**

(3) Peer Specialists (2.0 FTE)

Peer Specialists will work in partnership with the Case Managers on their caseloads to provide services as described in **Section B.2.** as well as to engage this special population. They must be certified as Certified Recovery Peer Specialists within six (6) months of hire. The Peer Specialist must be trained in, and use Wellness Recovery Action Planning (WRAP), along with Supportive Employment, and Supported Housing as part of their service planning. Peer Specialists shall be supervised by the Team Leader.

(4) Psychiatric Advanced Registered Nurse Practitioner (ARNP) or Psychiatrist (0.5 FTE)

This position provides medical and psychopharmacological services to FMT recipients. He or she monitors psychiatric and medical conditions and medications; provides brief therapy, diagnostic services, and medication education to individuals. This position must be licensed by the State of Florida and is supervised by the Team Leader.

(5) Therapist (1.0 FTE)

This position must be a Master's Level Clinician with at least one year of full-time experience with adults with serious mental illness and co-occurring disorders, and prior experience with individual and group counseling and substance abuse interventions. This position is supervised by the Team Leader.

(6) Administrative Assistant (0.5 FTE)

The Administrative Assistant is responsible for organizing, coordinating, and monitoring the non-clinical operations of the FMT. Functions include direct support to staff, serving as a liaison between FMT participants and staff, including attending to the needs of office walk-ins and calls from individuals and their natural supports. This position is supervised by the Team Leader.

Specific Staff terms may be adjusted.

2. Services

The FMT shall offer the following services.

a. Crisis Intervention and On-Call Coverage

This service shall be available 24 hours a day, seven days per week. The team must operate an on-call system at all times, staffed with a mental health professional.

b. Assessments

The FMT shall initiate all assessments within 72 hours of the individual's admission to the program. The Team Leader must ensure that the individual's assessments are complete within 15 days of admission. Each assessment area is completed by a FMT team member with knowledge and skills in the area being assessed and is based upon all available

information. Additionally, assessors must be credentialed as described in BBHC's credentialing policy. The assessments shall include, at a minimum:

- (1) Psychiatric history and diagnosis, including co-occurring disorders;
- (2) Stipulations from the individual's Court order(s);
- (3) Mental status;
- (4) Strengths, abilities, preferences, and stage of change;
- (5) Physical health;
- (6) History and current use of drugs or alcohol;
- (7) Education and employment history and current status;
- (8) Social development and functioning;
- (9) Activities of daily living;
- (10) Family relationships and natural supports.; and
- (11) LOCUS (Level of Care Utilization System)

c. Case Management, Intensive Case Management, and Peer Services

These services include the provision of direct services and the coordination of ancillary services designed to:

- (1) Assess the individual's needs and develop a written treatment plan;
- (2) Locate and coordinate any needed additional services;
- (3) Coordinate service providers;
- (4) Link participants to needed services;
- (5) Monitor service delivery;
- (6) Evaluate individual outcomes to ensure the participant is receiving the appropriate services;
- (7) Provide competency restoration training and skills building;
- (8) Coordinate medical and dental health care;
- (9) Support basic needs such as housing and transportation to medical appointments, court hearings, or other related activities outlined in the individual's treatment plan;
- (10) Coordinate individual access to eligible benefits and resources;
- (11) Address educational service needs; and
- (12) Coordinate forensic, legal services, and court representation needs.

d. Medical Services

The Psychiatric ARNP or Psychiatrist shall provide psychiatric evaluation, and medication management, administration and education on a regular schedule with arrangements for non-scheduled visits during times when the individual has increased stress or is in crisis.

e. Substance Abuse and Co-Occurring Services

The FMT shall address co-occurring needs of individuals through integrated screening and assessment, followed by therapeutic interventions consistent with the individual's readiness to change their behaviors.

f. In-Home and On-Site Services

The FMT shall provide or coordinate individual, group, and family therapy services. The type, frequency, and location of therapy provided shall be based on individual needs and shall use empirically supported techniques for the individual, their symptoms and behaviors.

g. Incidental Expenses

FMT funds may be used to provide Incidental Expenses, pursuant to Rule 65E-14.021, Florida Administrative Code (F.A.C.), and applicable Managing Entity policy.

h. Outreach and Information and Referral

The FMT shall provide Outreach services to individuals who may benefit from FMT services and to educate potential referral sources on the program design and capacity. The FMT shall provide Information and Referral services to address individual rehabilitative and community support needs beyond the scope of the FMT service array.

III. APPLICATION PROCESS

A. Eligible applicants are BBHC pre-qualified entities that demonstrate history of providing services to the special target population for at least three (3) years.

B. Written Responses to the RLI:

Written response to this RLI is limited to seven (7) pages, excluding the line item budget and one copy of the most recent audited financial statements, and must clearly identify the special target population to be served (see RLI Section II, Statement of Purpose) and demonstrate the following:

1. Your organization's experience in working with the special target population to be served (Be specific).
2. Your organization's clinical staffing capacity and demonstrated cultural competence working with the identified target population.
3. Your knowledge of, and/or current involvement with community systems-building efforts to

improve the behavioral health system of care in Broward County for the special target population.

4. A detailed description of your Evidence-Based Practice(s) and how it is well-positioned to meet the needs of the special target population. Include staff training requirements and how you will ensure ongoing fidelity to service provision. Include references to support your statements.
5. How the proposed services will reduce hospitalizations and increase days in the community through collaboration with the criminal justice system to minimize or divert incarcerations.
6. How the proposed services will address and reduce symptoms of co-occurring disorders and encourage a recovery lifestyle that includes housing, education, and employment.
7. Identify two (2) Performance Outcome Measures in the chart format provided in Section VII of this RLI based on the Evidence-Based Practice(s) proposed that will assess program effectiveness using the format provided in RLI Section VII., Outcome Performance Measures, which will be subject to BBHC revision and/or approval.

C. Other Application Requirements:

1. Agencies may only submit one (1) Response to the RLI.
2. The maximum award per Response is \$652,000.
3. Provide a line-item budget, including proposed personnel and staff credentials, for costs associated with provision of the work described within this RLI.
4. Include a breakdown of your proposed units of service including:
 - a. Definition of Units to be Provided;
 - b. Number of clients to be served;
 - c. Estimated number of units per client; and
 - d. Estimated cost per unit type.
5. One (1) original and six (6) copies of the response and one (1) copy of the audited financial statements are required.

IV. AUDIT REQUIREMENTS AND FISCAL SOUNDNESS

Applicants must submit one (1) copy of their most recent annual financial statements (within 180 days after the close of the applicant's most recent fiscal year-end) that have been audited by a Certified Public Accounting (CPA) firm licensed to do business in the State of Florida and prepared in accordance with Generally Accepted Accounting Principles (GAAP) and standards contained in Government Auditing Standards and OMB 1-133. Applicant agencies with annual total revenues of less than \$750,000 may submit their most recent annual financial statements that have been reviewed or compiled by a CPA firm

licensed to do business in the State of Florida and prepared in accordance with GAAP. The Independent Auditor’s Report must contain an unqualified audit opinion without “going concern” disclosures and the Statement of Financial Position must show positive Net Assets.

V. DUE DATE

All responses to this RLI are due September 26, 2016 on or before 12:00 Noon. Late submissions will not be accepted nor considered.

VI. PRE-BID CONFERENCE

Participation in the **Pre-Bid Conference on September 7th at 10:00 a.m.**, at the Broward Behavioral Health Coalition, 1715 Southeast 4th Avenue, Fort Lauderdale, FL 33316 is recommended but not required. It is the only opportunity for verbal discussion, questions and answers about the RLI solicitation.

After the close of the Pre-Bid Conference, there will an opportunity for submission of additional written questions by email to the email address provided below by September 9, 2016 @ 12:00 noon. The subject line of any such email shall include the RLI solicitation number in order to receive a response.

A summary of all verbal and written questions received and answers provided will be posted on the BBHC website at www.bbhcflorida.org on September 13, 2016.

VII. OUTCOME PERFORMANCE MEASURES

The following outcome performance measures are required; submission of a response to this RLI constitutes acceptance of the following program and reporting expectations. All data will be entered into the Provider Portal or any other data collection systems specified by BBHC.

Outcome Statement	Measure Description
___% of forensic clients will be diverted from a forensic secure placement in the criminal justice system to community-based care	Monthly reports of clients in FMT care
Reducing hospitalization of forensic clients by ___%	Monthly reports of clients in FMT care
___% of forensic clients will increase days in the community from baseline by facilitating and encouraging stable living environments	Monthly reports of clients in FMT care
Diverting ___% of incarcerations by collaborating with the criminal justice system	Monthly reports of clients in FMT care

___% of forensic clients are employed to facilitate a recovery lifestyle	Monthly reports of clients in FMT care
___% of forensic clients enrolled in an educational program to facilitate a recovery lifestyle	Monthly reports of clients in FMT care
Measure to be Recommended by the Applicant Agency Pertaining to the Evidence-Based Practice Proposed	TBD and subject to revision and/or approval by BBHC

VIII. SELECTION PROCESS

All RLI responses will be evaluated by a Rating Committee comprised of BBHC and community source experts. Higher ranking numerical scores do not assure a funding recommendation as other factors are considered including, but not limited to, past agency performance; relevant experience and other factors. BBHC retains the right to accept, modify, negotiate or reject terms of any responses to this solicitation.

At any time during the selection process, BBHC reserves the right, at its sole and complete discretion, to: (1) conduct face-to-face interviews with all, or selected applicants; (2) require submission of additional or revised responses; (3) terminate negotiations or re-open negotiations with any applicant and (4) take other administrative actions necessary to finalize funding awards.

IX. TIMETABLE

ACTIVITY	TIMEFRAME
Date Advertised:	August 29, 2016
Dates Available:	August 29th through September 26, 2016
Solicitation Conference (Pre-Bid Conference)	September 7, 2016 @ 10:00 a.m. Broward Behavioral Health Coalition 1715 Southeast 4 th Avenue Fort Lauderdale, FL 33316
Submission of Written Questions	September 9, 2016 @ 12 noon via email to: Providers.bbhc@CONCORDIABH.COM
Posting of Responses to Written Questions	September 13, 2016

Deadline for Receipt of RLI Responses	12:00 p.m. noon, September 26, 2016 Concordia Behavioral Health 1717 Southeast 4 th Avenue Fort Lauderdale, FL 33316
Negotiations	October 3-7, 2016
Notice of Award	October 21, 2016
Services Begin	November 1, 2016

X. TERMS OF AGREEMENT

The initial term of service for contracts awarded under this procurement is November 1, 2016 through June 30, 2017 (8 months). Two (2) optional renewals for the period of July 1, 2017 through June 30, 2018 and July 1, 2018 through June 30, 2019 may be awarded at the sole discretion of BBHC contingent upon the availability of funding, agency viability, positive performance, and successful re-negotiation of all terms (further renewal periods to be negotiated based on performance).

XI. BACKGROUND SCREENING

All staff who work in direct contact with children and adults, including employees and volunteers, must comply with Level 2 background screening and fingerprinting requirements in accordance with Chapters 402 and 435 and Sections 943.0542, 984.01, 39.001, and 1012.465, Florida Statutes, and Broward County background screening requirements, as applicable. The program must maintain staff personnel files which reflect that a screening result was received and reviewed to determine employment eligibility prior to employment.

XII. CONE OF SILENCE

Interested respondents to this RLI, or person acting on their behalf, may not contact any employee or board member of BBHC, Concordia or DCF concerning any aspect of this RLI, except for the submission of questions as described in Section III.A. of this RLI. This Cone of Silence commences upon the RLI release until the posting of Award notice. Violation of this provision may be grounds for disqualification of the response to the RLI.

XIII. APPEAL PROCESS

Protests, appeals, and disputes are limited to procedural grounds.

Whenever a competitive procurement process is utilized by BBHC, an applicant that is adversely affected by a procedural determination may file a notice of appeal/protest/dispute within seventy-two (72) hours following the receipt of written notification from BBHC of the applicant's failure to advance to the next step of review, or within seventy-two (72) hours following the posting of BBHC's posting of its decision on the BBHC website and/or notice of funding awards.

Protests, appeals, or disputes may only challenge a procedural matter related to the solicitation. A protest, appeal, or dispute may not challenge the relative weight of the evaluation criteria or the formula specified for assigning points contained in the procurement process. A protest, appeal, or dispute is limited to challenging errors in procedural due process, errors in mathematical calculations, or omissions to score sections by the review team.

Protests, appeals, or disputes must comply with BBHC's Procurement Policy and Procedures, posted on the BBHC website, www.bbhcflorida.org.

When protesting, appealing, or disputing a decision, the protestor must post a bond equal to one percent (1%) of BBHC's estimated contract amount. The bond is not to be filed with the notice of appeal, protest, or dispute but must be filed with the formal written protest, appeal, or dispute within the ten (10) day period for the filing of the formal written protest. The estimated contract amount shall be based upon the contract price submitted by the protestor. If no contract price was submitted, BBHC shall provide the estimated contract amount to the protestor within 72 hours (excluding Saturday, Sundays, and BBHC holidays) after the notice of protest, appeal, or dispute has been filed. The estimated contract amount is not subject to protest pursuant to § 120.57(3), Florida Statutes. The bond shall be conditioned upon the payment of all cost and charges that are adjudged against the protestor in the administrative hearing in which action is brought and in any subsequent appellate court proceeding. Failure to file the proper bond at the time of filing the formal protest, appeal, or dispute will result in a rejection of the protest. In lieu of a bond BBHC may accept a cashier's check, official bank check, or money order in the amount of the bond.