

**MOBILE RESPONSE TEAMS FOR
INDIAN RIVER, MARTIN, OKEECHOBEE, PALM BEACH AND
ST. LUCIE COUNTIES, FLORIDA**

**INVITATION TO NEGOTIATE (ITN)
OFFERED BY
SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK**

Solicitation # SEFBHN18/19-001

INFORMATION AND APPLICATION PROCESS

Available: September 11, 2018 – September 27, 2018

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I. INTRODUCTION

Southeast Florida Behavioral Health Network (SEFBHN) began operations in October 2012 as the Managing Entity for Behavioral Health Services in Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties under a five-year contract with the Department of Children and Families (DCF). The Contract was renewed in July 2017. SEFBHN oversees a budget of more than \$61 million and ensures that quality services and best practices are provided to clients and families who are eligible to receive DCF Substance Abuse and Mental Health (SAMH) funded services throughout the network.

SEFBHN contracts with over 43 behavioral health service agencies. SEFBHN network providers employ principles of recovery including: choice, hope, trust, personal satisfaction, life sustaining roles, interdependence and community involvement. Services must also be culturally and linguistically competent and are provided regardless of race, religion, color, national origin, age, sex or sexual orientation.

The Marjory Stoneman Douglas High School Public Safety Act, (SB7026), was passed during the 2018 Legislative session. Pursuant to Section 48 of this legislation the Florida Legislature appropriated **\$18,300,000.00** from the General Revenue Fund to create a statewide network of mobile crisis response teams through a competitive procurement process. The current teams that are operating are the result of innovative efforts of providers, counties, local governments, and managing entities to blend funding sources and make the resource available to their community. The legislation authorized DCF to establish new teams where they are most needed, to ensure reasonable access among all counties, and set minimum standards for the procurement process which will be facilitated by the Managing Entities. SEFBHN has been allocated **\$1,163,382.00** of this new appropriation of funding.

SEFBHN has been a strong advocate of Mobile Response Teams (MRT) as evidenced by our funding of four teams throughout our five-county network. The MRT plays a critical role in providing immediate services to individuals who are experiencing a behavioral health crisis with a primary goal to lessen trauma and prevent unnecessary psychiatric hospitalizations. SEFBHN has thus determined that this additional funding appropriation provides an opportunity to restructure the current provision of MRT services within our network, to ensure they provide an integrated and comprehensive behavioral health safety net throughout our communities and schools. Through this Invitation to Negotiate, SEFBHN solicits applications for Mobile Response Teams that will operate in accordance with Section V of this ITN Solicitation Document.

II. STATEMENT OF PURPOSE

Mobile Response Teams provide on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools and emergency rooms. Mobile response services are available 24 hours a day, 7 days a week, 365 days a year by a team of professionals and paraprofessionals (including peer support providers), who are trained in crisis intervention skills to ensure timely access to



supports and services. In addition to helping resolve the crisis, teams work with the individual and their families to identify and develop strategies for effectively dealing with potential future crises.

Teams conduct evaluations and assessments to determine the danger an individual may pose to him/herself or others, and to determine the services and supports necessary for resolving the crisis and preventing placement in higher, more restrictive, levels of care. They also assist in the development of an individualized, strengths-based safety or crisis plan with the individual and family, and often provide or facilitate stabilization services subsequent to acute intervention. These services may include in-home supports, short-term care coordination, and residential crisis stabilization (e.g., crisis respite beds). This stabilization component may be provided over the span of a few days or several weeks, depending on the needs of the individual. Additional guidance regarding Mobile Response Teams is available in **DCF 2018 Mobile Response Teams Framework and incorporated herein:**

www.dcf.state.fl.us/programs/samh/publications/Mobile%20Response%20Framework.pdf

III. FUNDING AND TERMS OF THE CONTRACT

The funding for these services is subject to the availability of funds and the contract award from the Department of Children and Families to SEFBHN. Funds under this ITN offer reimbursement for direct service to support other authorized treatment and/or support services that will serve to deescalate the behavioral health crisis an individual may be experiencing. SEFBHN expects that more than one proposal, as a result of this ITN, will be selected for the provision of Mobile Response Team services within the five-county network. SEFBHN reserves the right to select and allocate funds to providers based on the provider's application proposal and their ability to deliver quality services in the geographic locations they propose to serve. The annualized funding for MRT services for the network is **\$3,223,382.00, prorated for fiscal year 18-19**. Total contract amounts will be individually negotiated with each applicant who is invited to negotiate a contract as a result of this solicitation. The budget submitted with an applicant's proposal will serve as a basis for the negotiations. At the sole discretion of SEFBHN, a three-year contract renewal may be offered beginning July 1, 2021 and will be contingent upon availability of funding, agency viability, positive performance, and successful re-negotiation of all terms. County level funding is approximated herein:

County	Percent	Funding
Palm Beach	67	2,159,666
St. Lucie	17.5	564,092
Martin	6.5	209,520
Indian River	6	192,403
Okeechobee	3	97,702

IV. TARGET POPULATION AND CLIENT ELIGIBILITY

Mobile Response Teams are available to anyone, both children and adults and go where the acute situation or crisis is. Providers of MRTs should also ensure that they can respond to the needs of children and youth who are experiencing a behavioral health crisis in any setting (i.e. schools, home, juvenile justice settings,) and ensure a warm hand-off for ongoing services once the acute situation or crisis is stabilized.

Immediate intervention is needed to attempt to stabilize the individual's condition safely in situations that do not require an immediate public safety response. Intervention is warranted when a crisis significantly interferes with the individual's ability to function and is severe enough to place the individual at a risk for placement disruption or treatment in higher levels of care.

The clinical threshold for crisis may include aggressive behaviors; suicide attempts/ideation; drug and alcohol overdose or abuse; disruptive symptoms related to mood and anxiety disorders (e.g., panic, hopelessness, anger, depression), escalating behavior (s) and, without immediate intervention, the individual is likely to require a higher intensity of services. It may also present as an overt change in functioning or be prompted by traumatic life events.

V. REQUIRED ELEMENTS FOR MOBILE RESPONSE TEAMS PROPOSALS

- (1) The size and compositions of Mobile Crisis Response Teams will vary depending on the location they will be serving. MRT models that will be considered include:
 - Urban/large team
 - Rural/small team
 - Satellite team
 - Children and Youth Specific Teams
- (2) SEFBHN requires that any MRT applicant that is awarded a contract will address the following minimum required elements:
 - Ability to respond within 60 minutes
 - Capacity to have 24 hours a day, seven day a week coverage
 - Inclusion of a standardized assessment
 - Evidence of trauma informed; recovery-oriented practices
- (3) The success of MRTs depends heavily on community collaborations. To ensure this the MRT applicant will address how the following would be accomplished:



- Formalized Memorandum of Agreements (MOAs) or Memorandum of Understanding (MOUs) to establish response protocols with local law enforcement agencies and local school districts or superintendents.
- Establish formal /or informal partnerships with key stakeholders such as Medicaid managed care plans, Community Based Care lead agencies, 211-United Way, Central Receiving Facilities, Community Health Departments, Department of Education, Department of Health, Department of Juvenile Justice and Florida Department of Law Enforcement.

If the agreements and partnerships do not currently exist, the provider will describe the steps to finalize them within 90 days of execution of any contract awarded as a result of this solicitation.

(4) Team Composition

Staffing must be sufficient to respond within 60 minutes to new requests and to provide continued crisis stabilization and care coordination services as indicated for up to 72 hours at minimum. Mobile Response Teams are multi-disciplinary teams of behavioral health professionals and paraprofessionals with specialized crisis intervention and operations training.

Each team should include:

- Team Leader
- Crisis Counselors
- Recovery Peer Specialist
- Additional Personnel Requirements
 - Access to a board certified or board-eligible Psychiatrist or Psychiatric Nurse Practitioner
 - Access to Care Coordination Services to assist in identifying and accessing ongoing services for MRT clients as needed.

(5) Access to Teams

- A 24 hour per day, 7 days per week Crisis Hotline staffed by a trained and qualified specialist, shall be available as the primary referral portal for Mobile Crisis Response Team services.
- A process that outlines how MRT staff will be dispatched. Is there a triage process?

- iii. A process to ensure initial response time within 60 minutes and contingency plans when there may be a shortage of staff.

(6) Delivery of MRT Services

- i. All services must be provided at any setting including homes, schools, shelters where the crisis is occurring. The actual response can last as long as it takes to stabilize the situation.
- ii. An array of Evidenced Base Services should be available based on the needs of the individual that include:
 - evaluations and assessments,
 - development of safety or crisis care plans
 - provide or facilitate stabilization services,
 - supportive crisis counseling,
 - education,
- iii. Use of an Evidence Based Practice Assessment tool to include elements such as mental status exams, crisis precipitants, risk and safety issues, and individual/family strengths and resources. Include behavioral health, functional, and risk assessments to evaluate the potential risk an individual may pose a danger to him or herself and to others, and to identify crisis precipitants (e.g., psychiatric, educational, social, or environmental factors that may have triggered the crisis).
- iv. Phone consultation with the affiliated psychiatrist or psychiatric Nurse Practitioner within 15 minutes of request by MRT member.
- v. Follow-up contact within 72 hours either by phone or in-person as outlined in the safety or crisis plan. How will the MRT decide to close their services to individuals and their families.
- vi. Documentation of the need for any additional follow-up contact beyond the 72-hour contact.
- vii. Ensuring linkage to appropriate behavioral health services to include Psychiatrists or Psychiatric Nurse Practitioners for individuals who do not have an existing behavioral health services provider will be made.

VI. PERFORMANCE MEASURES

Specific Performance Measure and Outcomes will be determined during contract negotiations but SEFBHN will be considering the following measures to determine the success of the MRTs:

- A. Mobile Crisis Response Teams responding to a crisis in 60 minutes or less for at least 80% of mobile episodes.
- B. Mobile Crisis Response Teams submitting performance improvement plans each quarter with goals in service access, service quality, and outcomes, as well as goals relating to efficient and effective clinical and administrative practices.
- C. Children with SED and ED who improve their level of functioning.
- D. Decrease in admissions to the CSU
- E. Diverting individuals to community-based care when appropriate, lessening the debilitating symptoms of mental illness, addressing co-occurring disorders, reducing hospitalization
- F. Providers report the number of individuals successfully completing treatment (that were linked or referred by an MCRT)
- G. Number of formal outreach activities annually by providers (or by MRTs when there is no provider partner).
- H. Utilization of a Satisfaction Survey specific to MRT services – The survey to be used will be finalized during contract negotiations.

VII. REPORTING REQUIREMENTS

Client specific service events will be entered in the SEFBHN Data Portal for all individuals receiving MRT services. The provider will also be able to demonstrate the ability to adapt existing data systems to the Financial and Services Accountability Management System (FASAMS). FASAMS was developed by the Florida Department of Children and Families to ensure a uniform information management and fiscal accounting system for providers of community substance abuse and mental health services. Additional information about FASAMS is available at the following link

<http://www.myflfamilies.com/service-programs/substance-abuse/fasams>

Data and reporting requirements will be determined during contract negotiations.

VIII. ENROLLMENT IN THE MEDICAID PROVIDER PANELS FOR MOBILE CRISIS RESPONSE

The selected applicant(s) should be enrolled with the applicable Florida Medicaid Managed Care organizations (Medical MCO) as a provider of Mobile Response services. If not currently enrolled the provider will initiate steps to become enrolled with 90 days of execution of any contracts awarded as a result of this solicitation. Additional information about Florida Medicaid Managed Care Program is available at the following link.

<https://www.flmedicaidmanagedcare.com/>

IX. ACCREDITATION

Accreditation by a national accrediting body is not required but is preferred. Attach a copy of any accreditations to this proposal.

X. BUDGET

The application should include a proposed itemized budget and a corresponding budget narrative utilizing **APPENDIX B, Mobile Crisis Response Team Budget Narrative Instructions**. The itemized budget should provide expenditures for each category listed in Appendix B and be inclusive of all cost needed to implement the requirements for an MRT as outlined in Section V of this ITN Solicitation. The budget should include a proposed unit rate for direct staff availability or rate and description of other proposed payment methodology

XI. INVOICING AND RECONCILIATION OF EXPENDITURES

The selected MRT providers shall request payment monthly through submission of a properly completed SEFBHN Invoice within ten (10) days (or the next business day) following the end of the month for which payment is being requested for the delivery of goods or services. SEFBHN will reimburse the selected MRT provider based on the annualized funding for the resulting contract. MRT reimbursement to the provider is based on availability of services and not utilization. The SEFBHN Invoice will be made available to the selected MRT providers at contract execution.

XII. 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 Chapter 435, 402, and Sections 943.0542, 984.01, 39.001, and 1012.465, Florida Statutes. The program must maintain staff personnel files which reflect that a screening result was received and reviewed to determine employment eligibility prior to employment and throughout participation in this program.

All MRT staff should possess a valid Florida Driver's License.

XIII. RESTRICTED CONTACT

Interested applicants responding to this solicitation, or persons acting on their behalf, may not contact any employee or board member of SEFBHN, Concordia, or DCF concerning any aspect of this ITN, except through submission of questions as described in **Section XV** of this ITN. This restricted contact begins upon the release of the RFA on September 11, 2018 until the posting of the applicants selected for contract negotiations notice on October 4, 2018. Violation of this provision may be grounds for disqualification from the selection process for this ITN.

XIV. MINORITY AND WOMEN'S BUSINESS ENTERPRISES

Minority owned businesses, women's business enterprises, and labor surplus firms are encouraged to submit application proposals for this ITN.

XV. APPLICATION AND BID SELECTION PROCESS

All applications must meet the mandatory criteria listed below. Those that do not will be considered non-responsive and will not be evaluated further. All applications should address and answer each of the Program Components Criteria as thoroughly as possible. SEFBHN would prefer a twelve (12) page narrative response utilizing *Times New Roman Font -Size 12*, exclusive of budget documents and any supporting attachments. All applications that meet the Mandatory Criteria will be reviewed and scored by a team of reviewers composed of staff from SEFBHN and Community Stakeholder Agencies. The scoring criteria is categorized as Core Criteria and Value-Added Criteria. Core Criteria will be scored at a maximum of **95 points** and Value-Added Criteria will be scored at a maximum of **19 points** for a combined maximum score of **114 points**. The minimum score to be eligible for selection to negotiate a contract is **80 points**. The maximum number of points for each item is identified at the end of that item. If the response to the application does not follow the order



of questions as presented, the applicant should include a crosswalk to indicate where the specific response can be found within the proposal.

Questions should be directed to Becky Walker via email to Becky.Walker@SEFBHN.org. Responses to each question will be posted to the SEFBHN website (<https://sefbhn.worldsecuresystems.com/index.html>). Any changes to the content, activities, dates, times or locations will be accomplished by addenda that will be posted on the SEFBHN website. It is the responsibility of the applicant to check the website for responses to questions and any posted addenda.

After completion of the review and scoring process SEFBHN will determine how many applicants who meet the minimum score, to select for contract negotiation. Issues that will be considered include the geographic areas of the network an applicant proposes to serve and the distribution of funding to ensure consistency and quality throughout all Mobile Crisis Response Teams.

A. Scoring Criteria: The following criteria will be used to assess the response to each program component and thus how points will be awarded. Some questions have a weighted value (maximum 10 points) and will be scored accordingly

0 = No response or the applicant's proposal does not address the program component specified. **Weighted Value: 0**

1 = The applicant's proposal fails to demonstrate the Respondent's understanding of the requirements for the program component specified or the ability to provide the service. **Weighted Value: 2**

2 = The applicant's proposal does not meet all specifications and requirements for the program component specified, or it demonstrates minimum understanding of the requirements for the program component specified. **Weighted Value: 4**

3 = The applicant's proposal meets all specifications and requirements for the program component specified. **Weighted Value: 6**

4 = The applicant's proposal meets all specifications and requirements for the program component specified. The approach is comprehensive and complete in every detail. The proposal approach contains some innovative details for the component specified. **Weighted Value: 8**



5 = The applicant's proposal exceeds all specifications and requirements for the program component specified. The approach is innovative, comprehensive, and complete in every detail. **Weighted Value: 10**

B. Mandatory Criteria

1. Applications must be received by 12:00 PM Eastern Standard Time (EST) on September 27, 2018. The proposal should be submitted electronically to Becky.Walker@sefbhn.org
2. The applications will include the signature of the authorized Agency Representative.
3. Applicants must be existing SEFBHN providers who are in good standing with their contract or have submitted a completed Application to Become an SEFBHN Qualified Provider prior to, or with this application to become a MRT provider. **APPENDIX B, Application to Become an SEFBHN Qualified Provider** is included in this ITN for new providers. SEFBHN has the final decision to approve an applicant as a Qualified Provider.

C. Program Component Criteria

Core Criteria

The Applicant's proposal will describe or explain:

1. The current Infrastructure of Organization that includes organizational structure, experience in providing MRT Services including specialized MRT services for children and youth and the geographic area within the 5 counties served by SEFBHN where MRT services will be provided through this proposal. Include a description of the management/leadership staff who will be responsible for overseeing the implementation of the MRT or who provides ongoing oversight of the existing MRT operated by the provider: **Maximum Points: 10**
2. List of all MOUs or MOAs with local law enforcement agencies and local school districts or superintendents or a description of how these agreements will be finalized with 90 days of contract execution. **Maximum Points: 10 points – 5 points for each component (law enforcement and/or local school districts) if said finalized agreements exist or up to 10 points based on viability to have formalized agreements with both local law enforcement agencies and local school districts within 90 days of contract executions.**

3. Established informal partnerships with key stakeholders such as Medicaid managed care plans, Community Based Care lead agencies, 211, Central Receiving Facilities, Community Health Departments, Department of Education, Department of Health, Department of Juvenile Justice and Florida Department of Law Enforcement. **Maximum Points: 10**
4. The screening and assessment process. Include the evidence-based screening and assessment tools that will be utilized why they were chosen. **Maximum Points: 5**
5. The Crisis Response Process to include: **Maximum Points: 10**
 - a. the establishment of a Crisis Hotline to manage incoming crisis calls and requests for assistance on a 24/7 basis.
 - b. the adequate number of staff per shift needed to ensure a 60-minute response time.
 - c. contingency plans in the event of a staffing shortage.
6. The process to access phone consultations with a Psychiatrist or Psychiatric Nurse Practitioner within 15 minutes of request from the MRT. **Maximum Points: 5**
7. The process to provide timely behavioral health appointments within 5 business days, including Face-to-Face Psychiatrist or Psychiatric Nurse Practitioner appointments if the individual has no existing behavioral health service provider. **Maximum Points: 5**
8. Describe the implementation of the MRT start-up in terms of staffing, caseload sizes, referrals, and outreach. The response should also include the following: **Maximum Points: 10**
 - a. Estimated Number to be served in the program in the first 12 months
 - b. Staff to be hired/already hired (i.e. Team Leader, MRT Counselors, Recovery Peer Specialist)
 - c. The role and responsibilities for each team member
 - d. Description of how your agency addresses challenges with recruitment and retention of professional staff, including the use of per diem.
9. The Evidence Based Practices (EBP) that will be utilized in the delivery of services and supports including: **Maximum Points: 5**
 - a. the process to train, implement and monitor fidelity to the chosen practice?
 - b. the organization's experience utilizing the identified EPB(s).
10. The engagement and collaboration with other services entities attached to or working with the individual internal and external to the organization to include access to Care Coordination Services as needed. **Maximum Points: 5**



11. The plan for integrating Recovery Peer Support staff into your MRT. **Maximum Points: 5**
12. Experience with data collection and data reporting to include: **Maximum Points: 5**
 - a. Organizational capabilities related to entering data in the SEFBHN data portal or similar data portal
 - b. Readiness to adapt existing data collection systems to FASAMS
13. Include a detailed Budget and Budget Narrative that includes a proposed unit rate for direct staff availability or a rate and description of other proposed payment methodology. Refer to **APPENDIX B, Mobile Crisis Response Teams Budget Narrative Instructions**. **Maximum Points: 10**

Value Added Criteria

14. A description of the decision-making process used to determine closure of MRT services for individuals and their families. **Maximum Points: 5**
15. Describe your agencies experience using the practice of Trauma Informed Care. Include the populations you have used it with. Indicate how many certified and/or trained facilitators are in your agency's employ. **Maximum Points: 5**
16. Indicate if your agency is accredited by a national accrediting body. **Three (3) additional points** will be awarded for accredited applicants.
17. Include at least 3 letters of Support. **A fixed amount of 3 points will be awarded if the minimum is met.**
18. Narrative portion of application (budget and budget narrative not included) does not exceed 12 pages. If **NO** then additional points will not be awarded. If **YES** then **3 additional points** will be awarded.

XVI. SCHEDULE OF ACTIVITIES AND TIMELINES

ACTIVITY	DATE	TIME	INFORMATION
Solicitation released	September 11, 2018	N/A	E-mail notification to existing SEFBHN providers and posted on the SEFBHN website.
Final Date for submission of questions related to the ITN	September 18, 2018	5:00 PM [EST]	Refer to Section XV of the ITN for information on submitting questions
Final Date for responses to submitted questions to be posted on the website	September 20, 2018	5:00 PM [EST]	Responses will be posted on the SEFBHN website
Applications must be received by SEFBHN	September 27, 2018	12:00 P.M. [EST]	Send electronically to Becky.Walker@sefbhn.org
Instruction and training of Applicant Review Team	September 27, 2018	3:00PM [EST]	Southeast Florida Behavioral Health Network, 140 Intracoastal Pointe Drive, Suite 211, Jupiter, FL 33477 or by Teleconference. Number can be obtained from SEFBHN
Debriefing meeting of the Applicant Review Team and ranking of the applications	October 3, 2018	10:00 A.M. [EST]	Southeast Florida Behavioral Health Network, 140 Intracoastal Pointe Drive, Suite 211, Jupiter, FL 33477 or by Teleconference. Number can be obtained from SEFBHN

Notice of Applicants chosen for Invitation to Negotiate a contract	October 4, 2018	3:00 P.M. (EST)	Notification posted on SEFBHN website https://sefbhn.worldsecuresystems.com/index.html
Negotiations begin	October 9, 2018	As scheduled and will be posted on the SEFBHN website	Southeast Florida Behavioral Health Network, Inc. 140 Intracoastal Pointe Drive, Suite 211 Jupiter, FL 33477
Recommendation of Selected MRT Providers to the SEFBHN Board of Directors	October 16, 2018	September Board of Directors Meeting 2:30 P.M. (EST)	Southeast Florida Behavioral Health Network, Inc. 140 Intracoastal Pointe Drive, Suite 211 Jupiter, Florida 33477
Anticipated effective date of contract	November 1, 2018	N/A	N/A

XVII APPEAL PROCESS

Protests, appeals, and disputes are limited to procedural grounds. An applicant that is aggrieved by a procedural determination in the competitive process may file a written claim to appeal, protest, or dispute the determination within seventy-two (72) hours following the electronic transmission of written notification from SEFBHN that the applicant was not granted the award. It is the applicant's responsibility to check their email for said notification. Calculation of the 72-hour deadline for filing of the notice of protest shall not include weekends or SEFBHN holidays in the calculation of such deadline.

Protests, appeals, or disputes may only challenge a procedural matter related to the solicitation and may not challenge discretionary matters such as the relative weight of the evaluation criteria or the formula specified for assigning points contained in the solicitation. 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. Failure to timely submit a notice, written protest or bond within the required time frame shall constitute a waiver of such party's right to protest.



SEFBHN will render a decision within 14 business days, as to the legitimacy of the protest, that will result in one of the following outcomes:

- (1)** The original selection will stand and notification will be posted on the SEFBHN website with direct notification to the agency filing the protest and the agency that was initially selected for the award.
- (2)** All original responsive applications that were received will be reviewed and ranked again to ensure a full vetting. Notification of this outcome will be posted on the SEFBHN website with direct notification to the agency filing the protest and the agency that was initially selected for the award.
- (3)** The Procurement Solicitation will be advertised again with a new timeline and open to any and all prospective applicants.
- (4)** SEFBHN's decision is final and binding.

APPENDIX A

Mobile Crisis Response Team Budget Narrative Instructions

Attach, in narrative form, an explanation and justification of all line-items listed on your budget using the following guidelines

Start-up Costs

Include start-up costs to implement the Mobile Response Team. Expenditures should be directly related to the operation of the Mobile Response Team and are one-time expenditures needed to optimize services provided. Examples of start-up costs include initial training for staff, purchase of a vehicle for the exclusive use of Mobile Response Team staff, purchase of licenses for evidence-based practice assessments and treatment and initial equipment purchases . Include full justification of each expenditure.

Personnel

List each staff member's position title and a description of the duties they will perform under the proposed contract. This list should match the salary amount on the SAMH Projected Operating and Capital Budget. for DCF's C15 and C19; and, it should also match the DCF ME Contract total for staff on the SAMH Projected Operating and Capital Budget Personnel Detail worksheet.

Fringe Benefits

List the total amount paid for each type of fringe benefit separately (i.e. FICA, Worker's Compensation, Unemployment Compensation, Health Insurance, etc.)

Building Occupancy

Explain what the space will be used for and why it is necessary for the contract. If the building is owned by the provider, enter the lease or ownership cost (depreciation plus general liability insurance) or rent. If depreciation is not booked, the provider may enter the prorated cost of space based on its use allowance (not to exceed two percent of the cost of acquisition) or develop and submit an inventory of assets showing cost, date of purchase, general condition, etc. Depreciation methodology of assets not consistent with IRS guidelines must be explained in the narrative.



Professional Services

Explain in full the purpose and necessity of consultants or other professional staff. Include the dollars associated with each service.

Travel

Explain who will be traveling, where they will be traveling and for what purpose. Reimbursement rates cannot exceed allowable rates paid by DCF.

Equipment

Include projected expenditures for recurring equipment needs such as equipment maintenance agreements, leases for equipment not purchased and replacement costs.

Food Services

Indicate what types of services are being provided by whom (contract, agency, etc.), and to whom.

Medical and Pharmacy

If applicable describe how these services are provided and how cost is determined.

Subcontracted Services

Justify services provided under subcontracts and explain why they cannot be performed by existing agency staff. Explain if you will be subcontracting based on unit cost or line-item budget. All requests to subcontract must be approved by SEFBHN prior to their effective date.

Insurance

List types of insurance needed and explain need for each. Proof of insurance will be required. Employee health insurance must not be listed here (list in Fringe Benefits).

Interest Paid

List all interest costs, their expected duration and justify each.

Operating Supplies & Expenses



List basic categories of normal office expenses (i.e. telephone, postage, utilities, etc.) It is not necessary to justify those which are self-explanatory. Justify any exceptional amounts.

Donated items

Include items here that you expect to receive as donations (i.e. space, supplies, equipment, etc.) Explain how donated items will be used to meet contract objectives and/or reduce costs.

Other Expenses

Include any expected costs not listed above. Provide full justification for each.

Incidental Expenses – Include projected costs for Incidental Expenses

Other Support Costs

Indicate briefly what costs by type you have included in Other Support Costs.

Administration

Indicate briefly what costs by type you have included in Administration.

Non-Expendable Property/Capital Expenditures

List all items to be purchased under this contract. Explain the need for each item and describe how it will be used. Purchases exceeding \$500 must be inventoried. An inventory listing of items purchased by this project will be required.



Appendix B

Application to Become an SEFBHN Qualified Provider

Name of Prospective Provider: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone #: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Agency Representative with Signature Authority: Click or tap here to enter text.

I - The following criteria are non-negotiable in order to move forward with becoming an SEFBHN Qualified Provider. A “Yes” response to any of these questions will result in your application being denied.

1. Are you or is your agency on the Florida Department of Children and Families Convicted Vendor List? ☐ Yes
☐ No
2. Are you or is your agency on the excluded entities listing maintained by the Federal Government System for Award Management? ☐ Yes ☐ No
If no – attach an original signed copy of the Certification Regarding Debarment and Suspension.
3. Are you or is your agency excluded from Florida Medicaid or Medicare? ☐ Yes ☐ No
4. Have you or your agency ever had a provider number with Florida Medicaid or Medicare revoked? ☐ Yes ☐ No

II - The following criteria will be reviewed by SEFBHN staff as assigned by the Chief Operating Officer (COO). A recommendation to approve or disapprove the application will be made to the COO and the final decision will be made by the Chief Executive Office. If an application is not approved the applicant will have the opportunity to remediate the information found to be insufficient by resubmitting their application.



1. Explain and describe you or your agency's experience and commitment to providing services to persons with mental health, or substance abuse disorders. How does your agency provide recovery oriented services to persons with mental health and/or substance abuse disorders and their families? Include a description of the Evidence Based Practices your agency uses and the qualifications of staff to utilize them.

Click or tap here to enter text.

2. Describe you or your organization and its current infrastructure to include the following information
 - a. Readiness and capability to acquire an additional program
 - b. Experience in taking on and implementing new projects/programs in a short time frame
 - c. Fiscal Health – How many months of working capital do you operate on
 - d. Experience in providing services in the SEFBHN service delivery area of Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties
 - e. Experience in providing service in Florida

Click or tap here to enter text.

3. Describe the types of services you propose to offer within the Southeast Florida Behavioral Health Network. How are the services you provide Person Centered? Include the population to be served and location of services

Click or tap here to enter text.

4. Do you have any current or previous contracts with any other Florida Managing Entity? If yes, include the following information. Provide documentation from the Managing Entity.
 - a. Name of the Managing Entity
 - b. Type of services provided in the contract
 - c. Amount of Contract
 - d. Beginning and end date of Contract
 - e. Outcomes – Did you meet your performance measures and is the contract in good standing. If the contract is expired did it end on good terms

Click or tap here to enter text.



5. Have you ever had a contract with any funder terminated for cause? If yes, provide a detailed response to include who the funder was, the dates of service and termination, the reasons for the termination and whether the funder (provide documentation from funder) would consider contracting with your agency in the future.

Click or tap here to enter text.

6. What licenses do you or your agency currently hold or that you have applied for and are pending? Attach copies of licenses and/or applications

Click or tap here to enter text.

7. Have you ever had a license terminated for cause or had a license not renewed upon application? If yes, provide a detailed response to include who the licensing authority was, the date of termination, the reasons for the termination and whether the licensing authority (provide documentation from licensing authority) would consider issuing a license for your agency in the future.

Click or tap here to enter text.

8. Are you or your agency a Medicaid Provider or do you or your agency have a pending application to become a Medicaid Provider for behavioral health services? Indicate which services you are approved to provide. Attach applicable documentation.

☐ Yes ☐ No ☐ Application Pending

Click or tap here to enter text.

9. Is your agency currently Accredited by or do you have a pending application with a National Accrediting Body such as Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (JCAHO). If so – attach a copy of your Certificate of Accreditation or documentation of a pending application.

☐ Yes ☐ No ☐ Application Pending

10. Indicate your status as a **For Profit** or **Not For Profit** Agency. Note that there is very limited funding for **For Profit** Agencies and contracts will only be considered with **For Profit** Agencies based on very specific needs in



which the services to be provided are of an emergent nature or not readily available from a **Not For Profit** Agency.

Click or tap here to enter text.

III – The following applies to previous SEFBHN providers who had a contract terminated for cause by SEFBHN.

1. Attach documentation that all findings that resulted in termination of your contract have been rectified. This can include but is not limited to change in board composition, a new physical location, an audit indicating sound financial health, new licenses issued, certification acquired, and positive performance in contractual relationships with other funders. The decision to approve a provider previously terminated for cause will be made by the CEO who will take all information provided in this application under advisement.

IV- Attestation – include the following statement in your application. The application will be rejected without this statement.

"I Click or tap here to enter text., do hereby attest that the information submitted in this application to become a qualified SEFBHN provider is true, accurate and complete to the best of my knowledge and I understand that any falsification or omission may result in said application being denied."

Signature

Date