



**Short Term Residential Treatment (SRT) Program  
For Broward County**

**Request for Letters of Interest (RLI)**

**Solicitation # 18-001**

**Available: September 7, 2018 – October 5, 2018**

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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) as defined in §394.9082, Florida Statutes, to manage the daily operational delivery of mental health and substance abuse services through a coordinated system of care.

BBHC's mission is to advocate and ensure an effective and efficient behavioral health system of care is available in Broward County. Pursuant to this goal and its authority, BBHC has determined the array of services needed to meet the behavioral health care needs of the behavioral health community and seeks qualified providers to join the provider network to deliver services identified to more fully serve the behavioral health community's needs in Broward County.

## **II. STATEMENT OF PURPOSE**

To procure a Short Term Residential (SRT) Program in Broward County.

### **A. OVERVIEW**

A Short-Term Residential Program is a secure intensive mental health residential program that provides individual and group counseling, medical and psychiatric treatment, social and recreational activities, and rehabilitative services 24 hours a day, seven days per week. Without these services an individual experiencing acute or sub-acute crisis would require psychiatric hospitalization in a Crisis Stabilization Unit (CSU) or State Mental Health Treatment Facility (SMHTF). SRT services are provided for up to 90 days. The SRT Program shall be licensed by the Agency for Healthcare Administration (ACHA) and follow the guidelines found in Chapter 394, Part I., Florida Statutes. and Chapter 65E-5, Florida Administrative Code (F.A.C.).

### **1. PROGRAM DESCRIPTION**

Provides intensive, secure, short-term treatment to individuals who are temporarily in need of a structured therapeutic setting in a less restrictive setting but a longer stay alternative to psychiatric hospitalization.

These individualized, stabilizing, acute or sub-acute care services provide intensive, mental health residential and habilitative services.

### **2. Program Goals**

The goals for the SRT program include, but are not limited to:

- a.** Diverting individuals who require the intensity of a secure short-term treatment placement from the criminal justice system or SMHTF 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; and
- d.** Reducing hospitalization.

### **3. Individuals to Be Served**

**a.** The SRT will provide services to:

**(1)** Individuals shall be admitted pursuant to Chapter 394, Part I, Florida Statutes, and Chapter 65E-5, F.A.C., and on the order of a physician or psychiatrist.

**(2)** Individuals 18 years or older, acutely mentally ill and in need of intensive treatment and supervision. Individuals may be at risk of being referred to a SMHTF. The clients served must be free of any major medical conditions and must be continent and ambulatory. Individuals must not be currently considered at risk of harming themselves or others.

**(3)** Persons who reside in the community and have had three (3) or more admissions to a crisis stabilization unit (CSU) or inpatient psychiatric unit within the last six (6) 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 were not provided.

**b.** In the event the SRT is operating at its maximum capacity and no alternative placement is available, candidates will be placed on the BBHC Electronic Waitlist and the SRT must follow BBHC's waitlist acceptance procedure which can be found on in the BBHC Provider Handbook.

## **B. NETWORK SERVICE PROVIDER RESPONSIBILITIES**

### **1. Staffing Requirements - To be determined based on provider proposal regarding facility size.**

**a. Minimum Staffing Standards**

The SRT staffing configuration should be 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. The SRT response shall identify how its policies, procedures, and practices shall ensure adequate minimum staffing requirements are met, and will further address the use of double shifting, the use of temporary registered nurses, and the use of regular part-time registered nurses and licensed practical nurses.

**(1)** The SRT shall employ a minimum of:

**(a)** 1.0 Full-Time (FTE) Administrator/Program Director;

**(b)** 1.0 FTE Psychiatrist; Back up coverage may be physician who will consult with the psychiatrist;

**(c)** 2.0 FTE Registered Nurses

**(d)** 2.0 FTE Therapists/Intake Clinicians/Emergency Screeners

**(e)** 1.0 FTE Case Manager/Discharge Planner

**(f)** 4.0 FTE Mental Health Treatment Staff

**(g)** 2.0 FTE Certified Peer Specialists

(2) The SRT shall be required to maintain a Case Manager-to-Individual ratio based on staffing requirements in accordance with the guidelines of Chapter 65E-12.105.

(3) The SRT shall designate a Case Manager as the team specialist with experience in the following supportive domains:

(a) Expertise in assisting individuals to obtain and maintain stable community housing;

(b) Expertise in assisting individuals to obtain or maintain benefits and identifying additional resources to address unique individual needs.

(4) In addition to the direct service staff, the SRT provider shall provide psychiatric care and administrative support, as needed. The provider will be expected to meet BBHC's network requirements for continuity of care, which may be amended from time to time, and can be found on BBHC's website.

## **b. Staff Roles and Qualifications**

### **(1) Administrator/Program Director (1.0 FTE)**

Must be a full-time employee and possess a Florida license in one of the following professions:

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

The Administrator/Program Director is responsible for administrative and clinical supervision of the SRT and functions as a practicing clinician. The Administrator/Program Director must have at least five (5) years of full-time work experience with individuals with serious mental illnesses, as well as prior supervisory experience. This position will ensure that the program complies with Chapter 394, F.S. and Chapters 65E-5, 65E-12, and 65E-14, F.A.C.

### **(2) Registered Nurses (2.0 FTE)**

This position assures the appropriate handling and administration of medication and the completion of nursing assessment services of SRT patients. He or she monitors non-psychiatric medical conditions and medications and provides medication education to individuals. This position must be licensed by the State of Florida and is supervised by the Administrator/Program Director. At least one (1) registered nurse shall be on duty 24 hours a day, 7 days per week.

### **(3) Therapists/Intake Clinicians/Emergency Screeners (2.0 FTE)**

At least one (1) of these positions must be filled by a licensed Clinician with experience working with adults with serious mental illness and co-occurring disorders, and prior experience with individual and group counseling and substance use interventions. This position shall be supervised by the Administrator/Program Director. Emergency Screeners shall, at-all-times, be under the supervision of a mental health professional or a mental health counselor licensed under Chapter 491, Florida Statutes.

**(4) Case Manager/Discharge Planner (1.0 FTE)**

The Case Manager/Discharge Planner must have a minimum of a bachelor's degree in a behavioral science. Case Managers/Discharge Planners must have a minimum of one (1) year of work experience with adults with serious mental illnesses and be credentialed as described in BBHC's credentialing policy which can be found on the BBHC website. Additionally, they must be trained in, and use the Wellness Recovery Action Planning (WRAP) recovery model as part of their treatment protocol. Case Managers/Discharge Planners are to be supervised by the Administrator/Program Director. Case Managers are primarily responsible for providing or coordinating the required services on behalf of the individuals as more fully set forth below.

**(5) Mental Health Treatment Staff (4.0) FTEs)**

This position shall focus on direct patient care and works primarily in a supportive role to provide care to the patient, assisting in activities of daily living, recreational activities, and assuring safety on the unit.

**(6) Certified Peer Support Specialists (2.0 FTEs)**

This individual will use their own unique, life altering experience to guide and support others who are in recovery. Peer Specialists may educate and assist with the development of the person's individual Wellness Recovery Action Plan (WRAP).

**C. SERVICES:**

**1. Medically Monitored Intensive Inpatient Services and Assessments:**

**a. Assessments:**

**(1) Medical (Nursing Assessment, Physical Examination, and Medical Care):**

A nursing assessment and physical evaluation is required to be provided within 24 hours of admission to the SRT. The physical evaluation should include a complete medical history and documentation of significant medical problems containing specific descriptive terms, and not simply referred to as being "within normal limits." If the person received a physical evaluation at an inpatient program or CSU prior to transfer to the SRT, no further physical evaluation will be necessary unless clinically indicated or the evaluation fails to meet the requirements of this section. Medication or medical treatment shall be administered upon direct order from a physician or psychiatrist. The SRT shall provide or contract for licensed laboratory services commensurate with the individual's needs, with provisions for access on a 24 hour a day, 7 days a week basis, including holidays.

**(2) Emotional and Behavioral Assessment:**

Individuals admitted to the SRT will have an emotional and behavioral health assessment within 72 hours of admission. The assessment shall be conducted by a licensed mental health professional or other clinical staff under the supervision of a licensed mental health professional. A psychiatric evaluation will be conducted by a physician/psychiatrist and must include a mental status examination, behavioral descriptions, and a concise evaluation of cognitive functioning. Assessors must to be

credentialed as described in BBHC's credentialing policy which can be found on the BBHC website.

The assessments shall include, at a minimum:

- (a) Psychiatric history and diagnosis, including co-occurring disorders;
- (b) Mental status;
- (c) Strengths, abilities, preferences, and stage of change;
- (d) Physical health;
- (e) History and current use of drugs or alcohol;
- (f) Education and employment history;
- (g) Social development and functioning;
- (h) Activities of daily living;
- (i) Family relationships and natural supports;
- (j) Level of Care Assessment (LOCUS);
- (k) Trauma History and assessment; and
- (l) Criminogenic assessment, as needed.

**(3) Comprehensive Service and Implementation Plan:**

A comprehensive service plan should be initiated within 24 hours of admission and should be fully developed within five (5) days of admission. Service plans should contain short-term treatment objectives which are relative to the long-term goals in the comprehensive service plan. Plans must contain a description of the type and frequency of the services to be provided in relation to the treatment plan objectives. The plan shall be reviewed by the case manager and updated every 30 days. Plans must be signed by the individual or guardian, if appropriate, provided to the individual or their family as appropriate, and updated prior to discharge from the SRT. Discharge planning should begin at admission and with the individual's consent should include all parties in the individual's support system such as family, friends, and case manager to assure that all efforts are made to prepare the individual to return to a less restrictive setting. Plan implementation may include elements from the following:

- (a) Assessing the individual's needs and develop a written treatment plan in behavioral terms;
- (b) Locate and coordinate any needed additional services;
- (c) Coordinate service providers;
- (d) Link participants to needed services;
- (e) Monitor service delivery;
- (f) Evaluate individual outcomes to ensure the participant is receiving the appropriate services;
- (g) Coordinate medical and dental health care;

- (h) Support basic needs such as housing and transportation to medical appointments, court hearings, or other related activities outlined in the individual's treatment plan;
- (i) Coordinate individual access to eligible benefits and resources;
- (j) Address educational and employment service needs;
- (k) Coordinate forensic, legal services, and court representation needs;
- (l) Provide Certified Behavioral Analyst service as needed;
- (m) Provide Trauma Treatment services as needed.

**b. Substance Abuse and Co-Occurring Services:**

The SRT 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 through individual and group intervention.

**c. Psychosocial Rehabilitation Services and Structured Activities:**

The SRT shall address the mental health needs of the individuals and provide individual and group programming to address goals, develop effective coping skills, and use empirically supported techniques for the individual, their symptoms, and behaviors. Activities may include social and recreational activities inside and outside the context of the facility, when appropriate. The SRT should have access to a CSU and hospital emergency services in the event of a crisis that cannot be managed within the facility.

**d. Space and Facility Standards:**

The SRT must be licensed and comply with all requirements under Chapter 65E-12, F.A.C. and follow all applicable codes and rules.

**III. APPLICATION PROCESS**

**A.** Eligible applicants are BBHC pre-qualified entities that have had a physical, business operational presence in Broward County, Florida, for more than one (1) year and a demonstrated history of providing services in the community to the special target populations for at least three (3) years.

**B.** Written Responses to the RLI:

Written responses to this RLI are limited to ten (10) pages, excluding the line item budget and one (1) copy of the most recent audited financial statements, and must clearly identify the specific 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 specific target population to be served. Be specific.
2. Your organization's clinical staffing capacity and demonstrated cultural competence working with the identified target population(s).
3. Your knowledge of, and current involvement with, community systems-building efforts to



improve the behavioral health system of care in Broward County for the specific target population(s).

4. A detailed description of the Evidence-Based Practices (EBPs) to be utilized and how they are well-positioned to meet the needs of the special target population(s). Examples of EBPs that may be utilized are: WRAP, Motivational Interviewing, Trauma Informed Care, Trauma Incident Reduction, and other Trauma treatment EBPs and other EBPs as appropriate. Include an explanation of staff training requirements and how you will ensure ongoing fidelity to service provision. Identify all other staff training provided which may include, for example, Medication Education, Mental illness, Substance use, Co-Occurring treatment, HIV training. Include specific references to support your statements.
5. How the proposed services will reduce hospitalizations and increase days in the community.
6. Identify two (2) Performance Outcome Measures in the chart format provided in Section VII of this RLI based on the Evidence-Based Practices proposed that will assess program effectiveness using the format provided in Section VII., Outcome Performance Measures, herein below, which will be subject to revision by BBHC.

**C. Other Application Requirements:**

1. Agencies may only submit one (1) Response to the RLI.
2. The maximum award per Response is \$ 1,400,000 to purchase residential SRT beds. BBHC reserves the right to award the services requested under this RLI to one or more providers, at BBHC's sole option.
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, limited to ten (10) pages as referenced above, along with a flash drive with all the submitted information and one (1) copy of the audited financial statements are required.

**IV. AUDIT REQUIRMENTS 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), standards contained in Government Auditing Standards, and the Federal Single Audit Standards Uniform Guidance. Applicant agencies with annual total revenues of less than \$500,000 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, the Statement of Financial Position must show positive Net Assets, and include a statement that the applicant is in compliance with federal single audit standards as set forth in the Uniform Guidance, as applicable.

**V. DUE DATE**

**All responses to this RLI are due on or before October 5, 2018 at 12:00 Noon.**

**Late submissions will not be considered.**

**VI. PRE-BID CONFERENCE**

Participation in the **Pre-Bid Conference on September 17, 2018**, at Broward Behavioral Health Coalition, Inc., 3521 West Broward Blvd., Suite 206, Lauderhill, FL 33312 is recommended but not required. It is the only opportunity for verbal discussion, questions and answers about the RLI solicitation. All questions received and answers will be amended to this RLI upon issuance. Prior to your submittal, you will need to check to ensure that you have reviewed all amendments posted.

After the close of the Pre-Bid Conference, there will an opportunity for submission of additional written questions via email as set forth in the Timetable below in Section IX by **September 19, 2018 @ 12:00 noon**. The subject line of your email should state “Short-Term Residential (SRT) Program for Broward County, RLI # 18-001” to ensure that your question is readily identifiable.

A summary of all verbal and written questions and answers will be posted on the BBHC website at [www.bbhcflorida.org](http://www.bbhcflorida.org) on **September 21, 2018**.

**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 clients will be diverted from a SMHTF to the SRT	Weekly reports of clients in SRT care
Decrease % of persons readmitted to a CSU/ Inpatient or Detoxification facility within 30 days of discharge from the SRT	Monthly reports of clients in SRT care

Increase the average length of time in days between acute care admissions	Monthly reports of clients in SRT 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 community subject matter 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. 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 any or 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.

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**IX. TIMETABLE**

ACTIVITY	TIMEFRAME
Date Advertised:	<b>September 7, 2018</b>
Dates Available:	<b>September 7, 2018 through October 5, 2018</b>
Solicitation Conference (Pre-Bid Conference)	<b>September 17, 2018 @ 10:00 a.m.</b> Broward Behavioral Health Coalition 3521 West Broward Blvd., Suite 206, Lauderhill, FL 33312
Submission of Written Questions	<b>September 19, 2018 @ 12 noon via email to:</b> <a href="mailto:Providers.bbhc@CONCORDIABH.COM">Providers.bbhc@CONCORDIABH.COM</a>
Posting of Responses to Written Questions	<b>September 21, 2018 on BBHC's website:</b> <a href="http://www.bbhcflorida.org">www.bbhcflorida.org</a>
<b>Deadline for Receipt of RLI Responses</b>	<b>12:00 p.m. noon, October 5, 2018</b> Concordia Behavioral Health 3521 West Broward Blvd., Suite 205, Lauderhill, FL 33312
Review of RLI	<b>October 9, 2018 through October 11, 2018</b>
Meeting with Reviewers	<b>October 12, 2018 at 1:30pm</b> <b>at Broward Behavioral Health Coalition</b>
Posting of Scores	<b>October 12, 2018 - Broward Behavioral Health Coalition Website</b>
Negotiations Begin in Accordance with Scores	<b>October 15, 2018 through October 16, 2018</b>
Notice of Award	<b>October 19, 2018</b>
Contract Negotiations Begin	<b>October 22, 2018</b>
Services Begin	<b>January 1, 2019</b>

**X. TERMS OF AGREEMENT**

The initial term of service for contracts awarded under this procurement is January 1, 2019 through June 30, 2019 (6 months). Additional terms may be considered at the sole discretion of BBHC, are contingent upon availability of funding, agency viability, positive performance and successful re-negotiation of all terms.



## **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 Chapter 435, and Sections 943.0542, 984.01, 402, 39.001, and 1012.465, Florida Statutes as well as Broward County background screening requirements, as applicable. The program must maintain staff personnel files which reflect that a screening result was received, reviewed, and satisfactorily complied prior to determination of employment eligibility and prior to employment.

## **XII. CONE OF SILENCE**

Interested applicants responding to this solicitation, 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 through the submission of questions as described in Section III.A. of this RLI and attendance at the pre-bid conference. This Cone of Silence begins upon the release of the RLI until the posting of the Notice of Award. 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 process is utilized, 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 due to a critical flaw, or within seventy-two (72) hours following the posting of the solicitation decision on the BBHC website 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 Invitation to Negotiate. A protest, appeal, or dispute is limited to challenging errors in procedural due process, errors in mathematical calculations, or omissions 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](http://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, the 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 subsection 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.

**XIV. Procurement Manager: Celena King, System of Care Manager, at (954) 622-8121, ext. 1027 or email: [cking@bbhcflorida.org](mailto:cking@bbhcflorida.org).**