

Community Action Treatment (CAT) Team for Broward County

Request for Letters of Interest (RLI)

Solicitation # 20-001

Available: July 2, 2020 – July 17, 2020

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I. BACKGROUND

Broward Behavioral Health Coalition, Inc. (BBHC) was created in 2011. It 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.

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

BBHC receives funding from the state through DCF's Office of Substance Abuse and Mental Health. These funds come primarily from federally funded Block Grants. BBHC also pursues and receives funding through state grants and directly from federal grant proposal submissions.

In 2013, the Florida Legislature funded ten pilot Community Action Treatment (CAT) Team programs through Specific appropriation 352-A of the 2013–2014 GAA. As part of this appropriation, the department was directed to develop a report that evaluates the effectiveness of CAT in offering parents and caregivers of this target population a safe option for raising their child at home rather than utilizing more-costly institutional placement, foster home care, or juvenile justice services. The results of the pilot indicated the effectiveness of CAT, which, in 2014, led the Florida Legislature to allocate recurring funding for the ten pilot CAT programs as well as nonrecurring funding for six additional CAT programs. To date, there are 41 CAT Teams operating across the State of Florida.

II. STATEMENT OF PURPOSE

BBHC will be selecting a provider to establish and operate a CAT Team to provide services to eligible children and families of the Broward County community.

Community Action Treatment Team Model: The CAT model is a multi-disciplinary integrated service delivery approach that utilizes a team of individuals (Mental Health Therapist; Psychiatrist or Advanced Registered Nurse Practitioner; Registered or Licensed Nurse; Case Manager; Therapeutic Mentor aka Peer Specialist) to comprehensively address the needs of the young person, and their family, specifically those with a history of multiple treatment failures and who are at risk of out-of-home placement or a repeat return to out of home placement. CAT members work collaboratively to deliver most of the behavioral health services, coordinate with other service providers when necessary, and assist the family in developing or strengthening their natural support system.

Community Action Treatment Team funds are used to address the therapeutic needs of the eligible youth or young adult receiving services. The CAT model is based on a family-centered approach in which the CAT team assists parents/caregivers in obtaining services and supports. This may include providing education about how to connect with services and supports in addition to assistance with referrals. The amount and frequency of services conducted are set through collaboration rather than service limits. Service intensity is dependent on clinical need and can vary from minimally once weekly to several contacts per day dependent upon the needs of the participant. On average, participants receive three (3) weekly face-to-face contacts. The CAT team shall be available to the participant and their family in the event of a crisis 24 hours a day, 7 days a week, including weekends and holidays. In the event interventions are needed that are out of the scope of the CAT team's

expertise or qualifications (e.g., eating disorder treatment, behavior analysis, psychological testing, substance abuse treatment), the team will make a direct linkage to the necessary specialists, with the appropriate sharing of information upon the initial link, along with follow-up and active collaboration from the team. The CAT team is expected to manage emergencies and crises by providing crisis interventions, which include initiating or participating in Baker Acts.

This flexibility in service delivery is intended to promote a “whatever it takes” approach to assist young people and their families in achieving their goals.

Priority practices and approaches for working with young people and their families may include:

1. Making it Work: An Evidenced-based approach to Services for Emerging Adults with Serious Mental Conditions. National Technical Assistance Center for Children’s Mental Health- Georgetown University Center for Child and Human Development.
<http://gucchdtacenter.georgetown.edu/resources/Webinar%20and%20Audio%20Files/YoungAdultWebinarMay2.pdf>

2. The Transition to Independence Process (TIP) model is an evidence-supported practice based on published studies that demonstrate improvements in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD). <http://tipstars.org/Home.aspx>

3. The Research and Training Center for Pathways to Positive Futures (Pathways) aims to improve the lives of youth and young adults with severe mental health conditions through rigorous research and effective training and dissemination. Their work is guided by the perspectives of young people and their families and is based on a positive development framework.
<http://www.pathwaysrtc.pdx.edu/about>

4. Technical Assistance Partnerships for Children and Family Mental Health/ SAMHSA Systems of Care: The Young Adults of Transition Age Community of Practice provides an opportunity for discussion, collaboration, and the exchange of ideas and resources related to transition-aged youth with mental health challenges currently served by system of care communities.
<http://www.tapartnership.org/COP/transitionAgedYouth/default.php>

5. National Wraparound Initiate: Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) that assists them to live in their homes and communities and realize their hopes and dreams.
<http://www.nwi.pdx.edu/wraparoundbasics.shtml#whatiswraparound>

6. Strengthening Family Support for Young People: Tipsheet for strengthening family support.
<http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-FamilySupportTipSheet.pdf>

7. Positive Youth Development (PYD), Resilience, and Recovery: Actively focuses on building strengthens and enhancing healthy development.
<http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf>

8. Youth M.O.V.E. National. Youth M.O.V.E is a youth-led national organization devoted to improving services and systems that support growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. There are chapters in Florida and opportunities for young people to learn leadership and advocacy skills and to get involved with peers.

<https://youthmovenational.org/>

9. Individual Placement and Support (IPS) Supported Employment: IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing.

<https://ipsworks.org/index.php/what-is-ips/>

10. Providers are encouraged to review the Implementation toolkit for guidance on program start-up. Agencies will be expected to link those youth who will benefit from supportive housing to the Permanent Supportive Housing (PSH) Program. All documents can be found here:

<http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>.

Financing will be customized to help this program to be successful. Funds under this RLI offer reimbursement for direct service and flexible funds to support other authorized treatment and support services that align with the recovery needs and goals of the young people and their families.

BBHC will provide technical assistance and oversight regarding the hiring of prospective staff and the training of new personnel during onboarding and ongoingly. BBHC will offer guidance as needed with coordinating care. BBHC will review and approve resumes for staff at the time of team inception and any new hire moving forward.

Providers must have experience in serving youth and young adults with mental health disorders or mental health and co-occurring substance abuse disorders, with high-intensity needs. Priority will be given to providers who have a strong background in treatment and recovery services for children with an extensive history of mental health disorders that have juvenile justice involvement, multiple acute care admissions, and those at risk for out of home placements.

Priority will also be given to providers with experience in the evidence-based practices listed above and high-intensity team experience. A proposal scoring grid will be utilized by the review committee. Providers who demonstrate that their agency is currently using one or more of the above evidence-based practices will have priority based on the number of evidence-based practices they have already incorporated. Further priority will go to agencies that can provide fidelity review results for these practices within their programs, also elevating their score.

Program Goals: CAT is intended to be a safe and effective alternative to out-of-home placement for youth and young adults with severe behavioral health conditions. Upon successful completion, the family and young person should have the skills and natural support system needed to maintain improvements made during services. The goals of the CAT program are to:

1. Strengthen the family system, resulting in youth and young adults living at home and living successfully in the community;
2. Improve school-related outcomes such as attendance, grades and graduation rates;

3. Decrease out-of-home placements;
4. Improve family and youth functioning;
5. Decrease substance use and abuse;
6. Decrease psychiatric hospitalizations;
7. Increase health and wellness; and
8. Transition into age-appropriate services

III. ELIGIBILITY CRITERIA

The following participation criteria are established, and will be included in the CAT contract as follows:

1. The participant must be eligible for publicly funded substance abuse and mental health services pursuant to §394.674, Florida Statutes;
2. Young people ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics such as:
 - a. Being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
 - b. Having two or more hospitalizations or repeated failures;
 - c. Involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or,
 - d. Poor academic performance or suspensions.
3. Children younger than 11 may be candidates if they meet two (2) or more of the characteristics above.

IV. APPLICATION PROCESS

1. Eligible applicants are BBHC pre-qualified entities which are in good standing with their contract, have maintained a physical business presence serving clients in Broward County for at least one (1) year, and can demonstrate a history of having provided behavioral health services for at least three (3) years.
2. Written Responses to the RLI:

The narrative portion of the application should be no more than six (6) pages (not including the required budget documents and any supporting attachments) and should cover the following:

 - I. **Abstract:** Provide a brief description of your project, as well as a description of your agency's history of implementing evidence-based practices (EBPs) and using fidelity scales.
 - a. What are your agency's reasons and motivations to become a CAT provider?
 - b. How do you support recovery and family success?
 - II. **Capacity/Readiness:** Describe any efforts your agency has already taken to plan for implementing a Community Action Treatment Team.
 - a. What is your agency's organizational readiness for implementing a CAT? What are some strengths your agency has that will support the implementation?
 - b. What are some implementation barriers you anticipate, and how will you overcome those barriers?

- c. How will you adhere to the fidelity scale? Identify any items with which you may have concerns, along with your proposed solutions for addressing those concerns.

III. Proposed Program

- i. Describe your proposed Community Action Treatment Team program. Be sure to address the following:
 - a. Target population – describe your experience serving youth and young adults with serious emotional disturbances (SED) and children with co-occurring diagnoses. Identify any special population priorities, e.g., children at-risk of out-of-home placements, and describe how your program will adapt the implementation of the CAT Team to meet the unique needs of the population group(s) you will serve.
 - b. Describe how your program will tailor services to meet the needs of Transition Age Youth (14-21), individuals who are involved with the Department of Juvenile Justice/Criminal Justice, young people involved in the Child Welfare system, youth who identify as LGBTQI, and minority groups.
 - c. Provide the physical location of your program. Describe the challenges that you foresee in serving individuals throughout the county and what you intend to do to address those challenges.
 - d. Describe how you will implement your start-up in terms of:
 - i. Staffing, experience required for staff by position, caseload sizes, referrals, and outreach;
 - ii. Number to be served in the program in the first year; and
 - iii. Staff to be number to be hired/already hired (e.g., Supervisor, Therapists, Case Managers, Nurse Practitioner)
 - e. Explain your plan for integrating Youth and Family Peer Specialists and/or youth/family advocates, TIP Life Coaches, Wraparound Facilitators, or other Therapeutic Mentor staff who will be a part of your agency's CAT Team.
 - h. Identify the evidence-based practices you will be using in your program.
 - i. BBHC requires a salary payment system for the CAT Team. Explain how your agency addresses challenges with recruitment and retention of professional staff. Please include salary scales.
 - j. Staff members on the CAT Team, such as Mental Health Therapists, Case Managers, Therapeutic Mentors aka Peer Specialists, and TIP Coaches, are expected to employed and work on a full-time basis, providing services to CAT Team clients. Explain how your agency will ensure staff will be able to provide full-time service to the CAT Team.
 - k. The CAT Team is expected to function similarly to a FACT (Florida Assertive Community Treatment) Team and implement strategies from the ACT (Assertive Community Treatment) Model for managing the team. Describe how you will utilize the ACT Model to manage team meetings, address crisis/concerns, staff clients, ensure client contact, as well as other operational matters.

ii. Partnerships: It is highly recommended for applicants to request Support Letters from their community partners or show other documents to support this information as set forth below. Describe your current partnerships within the Children's System of Care

in Broward County, and mutual implementation efforts with the following agencies:

- Behavioral Health;
- Prevention;
- Community-Based Care entity (CBC);
- Recovery Support;
- Department of Juvenile Justice;
- Transition Age Youth Service Providers;
- Employment Service Providers;
- Housing Providers
- Broward County Schools including technical schools
- Broward County Homless Continuum of Care (CoC): If you currently do not have a partnership with your local CoC, describe the steps you plan to take to develop one.

iii. **Medicaid:** Describe whether you currently have contracts with the Medical Management Agencies (MMAs), and if so, with whom. If you have no such agreements, describe your current plans or efforts to apply.

V. OTHER SELECTION CRITERIA

Address the following throughout the narrative of your proposal:

- a. Agency CEO/Executive Director's commitment to participate in an organizational change process to implement a CAT Team, including participation in fidelity evaluation processes.
- b. Leadership commitment to have local mental health staff, housing staff, consumers, family members, and employers participate in an agency established "Leadership Team/Steering Committee."
- c. Strength of the agency's work plan for building consensus and implementing a CAT.
- d. Strength of the agency's recovery practices.
- e. Strength of the agency by incorporating individuals with lived experience in their workforce.
- f. You must include an acknowledgment statement that monthly and quarterly outcome data will be a requirement of participation, as well as periodic site visits for technical assistance. Monthly reporting consists of the Appendix 1 Report. Quarterly reporting includes the Appendix 2 Report and the Return on Investment Reports, due by the 12th of each month.

VI. LINE ITEM BUDGET/PROPOSED STAFFING

Provide a detailed line-item budget for the first year of the program, assuming full capacity. The budget should include all projected costs that will be associated with the CAT Team, including flex/incidental funds. All staff members on the CAT Team should have at least two years of post-graduate experience working in mental health with children, transition-age youth, and families. Each program must be able to hire at least the adequate number of the following professionals to serve the planned capacity:

- Licensed Mental Health Counselor or Clinical Social Worker
- Psychiatrist or Advanced Registered Nurse Practitioner
- Registered or Licensed Practical Nurse
- Case Manager
- Therapeutic Mentor/Peer
- Provide a detailed description of the roles and supervisory responsibility of each staff member, including the required experience for each position.

VII. SCREENING AND ASSESSMENT

Within 45 days of an individual's admission to services, the Network Service Provider shall complete the North Carolina Family Assessment Scale for General Services and Reunification® (NCFAS-G+R) as the required initial assessment to assist in identifying areas of focus in treatment. The NCFAS-G+R and Plans of Care (Initial and Master) must be completed for all individuals served, to include those transferred from another program within the same agency.

Network Service Providers are encouraged to use a variety of reliable and valid screening and assessment tools in addition to the NCFAS-G+R as part of the assessment process, with a focus on screening for co-occurring mental health and substance use disorders. Additionally, Network Service Providers are encouraged to gather collateral information in coordination with the individual served and their family. This collateral includes such things as school records, mental health and substance abuse evaluations, and treatment history; and level of cognitive functioning to develop a comprehensive understanding of the young person's and their family's circumstances.

As with best practice approaches such as Systems of Care and Transition to Independence, the screening and assessment process should focus on identifying competencies and resources to be leveraged as well as needs across multiple life domains, such as education, vocation, mental health, substance use, primary health, and social connections.

- a. Describe your screening and assessment process and the screening and assessment tools you will be utilizing.

VIII. TREATMENT PLANNING PROCESS

The treatment planning process serves to identify short-term objectives to build long-term stability, resilience, family unity, and to promote wellness and illness management. A comprehensive, team-based approach is increasingly seen as the preferred mechanism for creating and monitoring treatment plans and is consistent with the CAT program.

There is evidence that outcomes improve when youth and families participate actively in treatment, and their involvement is essential at every phase of the treatment process, including assessment, treatment planning, implementation, and monitoring and outcome evaluation.¹ Working as a team, the young person, family, natural supports, and professionals can effectively support individualized, strength-based, and culturally competent treatment.

- a. Describe your proposed treatment planning process and provide examples of treatment planning formats.

IX. PLAN OF CARE

1. Initial Plan of Care

Within 30 days of an individual's admission to services, the Network Service Provider shall complete an Initial Plan of Care to guide the provision of services by the CAT team. Services

¹ See, http://www.aacap.org/aacap/Policy_Statements/2009/Family_and_Youth_Participation_in_Clinical_Decision_Making.aspx

and supports by the CAT team are established in the Initial Plan of Care, which provides sufficient time to complete the NCFAS-G+R within the first 45 days. Review of the Initial Plan of Care is required to ensure that information gathered during the initial 60 days is considered and that a Master Plan of Care is developed to articulate the provision of services and support longer-term. The Network Service Provider must document that the Initial Plan of Care was reviewed with the individual being served and his or her parent or guardian and request that they sign the plan at the time of review.

a. Describe your process for developing the initial plan of care, and what will be included in the initial plan of care.

2. Master Plan of Care

Within 60 days after admission, the Network Service Provider shall review the Initial Plan of Care and update it as needed to include the NCFAS-G+R initial assessment and other information gathered since entry. The Network Service Provider will implement the updated Initial Plan of Care as the Master Plan of Care. The Network Service Provider may adopt an unrevised Initial Plan of Care if it meets the requirements of the Master Plan of Care and includes the initial NCFAS-G+R assessment.

a. Describe your process for developing the Master Plan of Care and how often the plan will be updated throughout services.

X. Incidental Expenses

Temporary expenses may be incurred to facilitate continuing treatment and community stabilization when no other resources are available.

a. Describe how your agency will utilize incidentals for youth and young adults on the CAT Team.

XI. Discharge

As part of the discharge planning process, CAT teams assist in the identification of additional resources that help individuals and families maintain progress made in treatment. Throughout treatment, the Network Service Provider should focus on preparing for a successful transition from services. As the individual moves into the discharge phase, the CAT Team may determine the need to modify the service array or frequency of services to ease their transition to less intensive services and supports.

a. Describe the discharge progress and how the determination for discharge will be made.

XII. OTHER APPLICATION REQUIREMENTS

- a. Agencies may only submit one (1) Response to this RLI.
- b. Agencies responding must submit their proposal electronically. The maximum award per response is: \$750,000
- c. Provide a line-item budget, including proposed personnel (name, credentials, years of experience with employment services, years of experience with MHSA population), for costs associated with the provision of the work described within this RLI.
- d. Include a breakdown of your proposed units of service including:
 - i. Definition of Units to be Provided;
 - ii. Number of clients to be served;

- iii. Estimated number of units per client; and
- iv. Estimated cost per unit type.

XIII. 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 total annual 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 expressing "going concern" disclosures, and the Statement of Financial Position must show positive Net Assets.

XIV. DUE DATE – FATAL FLAW

All responses to this RLI are due Friday, July 31, 2020, on or before Noon. Failure to timely deliver submissions is a fatal flaw rendering the submittal non-responsive and illegible for consideration.

XV. PRE-BID CONFERENCE

Participation in the **Pre-Bid Conference on Thursday, July 9, 2020, 11:00 A.M.** virtually through Microsoft Teams is ***recommended but not required***. However, it will be the only opportunity for verbal discussion of questions and answers about this RLI solicitation. After the close of the Pre-Bid Conference, there will be an opportunity for **submission of additional written questions by email on or before Thursday, July 16, 2020 12:00 P.M.**

The email to be utilized is: providers.bbhc@cariskpartners.com

To ensure that your question is readily identifiable, the subject line of the email must include the RLI number. **A summary of all written questions and answers will be posted on the BBHC website at www.bbhcflorida.org on Friday, July 17, 2020.** It will be your responsibility to check for and obtain such information.

XVI. PERFORMANCE MEASURES AND OUTCOMES

All data will be entered into the Provider Portal or any other data collection systems specified by BBHC. Performance outcome data will be tracked in the Mental Health Performance Outcome (PERF) and the Children Functional Assessment Rating Scale (CFARS).

Also, a provider must be able to track individual outcome data, as described below. A quarterly outcome form will be sent to the selected provider with details on submission:

CAT providers will be contractually required to submit a CAT Quarterly Supplemental Data Report to provide additional information related to diversion from out-of-home placements, involvement in gainful activities for individuals not enrolled in school or vocational programs, and scoring of the North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R).

The paragraphs below provide guidelines for reporting the information and why it is needed.

1. Individuals diverted from out-of-home placement:

The primary goal of the CAT program is to retain eligible youth at home with their families who would otherwise be at risk of placement outside the home, at either a juvenile justice facility, a residential mental health treatment center (RTC), or dependency care home. The required quarterly reporting shall identify where those eligible youth were residing at the time of admission to the CAT program, where they live during the program and their residential status at discharge from the program. The CAT provider will be required to provide data about how well the CAT program is addressing this goal and provide information to identify those best/effective practices as well as opportunities for improvement.

The circumstances listed below under each placement type are not exhaustive, but rather provide guidelines by which providers may utilize to determine if a youth/young person is at high risk of an out-of-home placement at the time of admission.

- Residential mental health treatment (includes therapeutic group home level of care)
- Has a recommendation from a psychologist/psychiatrist for placement in a residential mental health treatment facility?
- Has a recommendation from a Qualified Evaluator for placement in residential treatment (Child Welfare)?
- Has previously been placed in residential treatment
- Parent/legal guardian is requesting placement in a residential mental health treatment center
- DJJ Commitment Placement
- DJJ charges - current charges, long history of charges
- Previous placement in DJJ commitment placement
- Children ages 12 and under with current/previous DJJ charges
- Child Welfare
- Open case with child welfare (including investigations)
- Previous open services case with child welfare
- Previous placement in out of home care by child welfare

2. **Gainful Activity for Individuals not enrolled in School or Vocational Program:** The required quarterly reporting of gainful activities for youth ages sixteen (16) and older who are not enrolled in school or vocational programs provides information about how the CAT program is assisting them to become self-sufficient. Gainful activities for these youth and young adults should focus on employment, continued education, vocation training and certification, work readiness and skill development related to obtaining and keeping a job, and career planning. These types of activities are an excellent opportunity for the Therapeutic Mentor to assist the young person in identifying their personal goals and developing a plan to move forward in achieving them. Examples of enrichment activities include, but are not limited to, employment and supported employment, internships, and apprenticeships; linkage to and services from entities such as Vocational Rehabilitation; and activities that support career planning, occupational research, and assessment.

3. **North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R):** CAT providers will begin using the NCFAS to assess the functioning of the person served by CAT and their family upon admission and at discharge and inform service planning.

XVII. SELECTION PROCESS

All RLI responses will be evaluated by a Rating Committee comprised of community subject matter experts. A numerical scoring evaluation is used to identify the most persuasive proposal. Once that proposal is selected, the Rating Committee will make a funding recommendation. BBHC retains the right to accept, modify, negotiate, or reject terms of any responses to this RLI.

At any time during the selection process, BBHC reserves the right, in its sole and complete discretion, to:

- (1) conduct face-to-face or virtual interviews with any, all, or selected applicants;
- (2) require submission of additional or revised responses;
- (3) terminate negotiations or re-open negotiations with any applicant; or
- (4) take other administrative actions deemed necessary by BBHC in its sole discretion to finalize funding awards.

BBHC shall further have the right in its sole discretion in the best interest of BBHC to reject any responses or waive any minor irregularity or technicality in the responses received. BBHC further reserves the right without prejudice to reject any or all proposals.

XVIII. TIMETABLE

ACTIVITY	TIMEFRAME
Dates Available:	July 2, 2020-July 31, 2020

Solicitation Conference (Pre-Bid Conference)	July 9, 2020– at 11:00am Virtually through Microsoft Teams
Submission of Written Questions	July 16, 2020, by Noon, via email to: Providers.bbhc@cariskpartners.com
Posting of Responses to Written Questions	July 17, 2020
Deadline for Receipt of RLI Responses	July 31, 2020 by Noon at: Electronic Submission Via email to Providers.bbhc@cariskpartners.com
Public Meeting – Opening of RLIs	August 7, 2020 1:00 p.m. Virtually through Microsoft Teams
Review of RLI Submissions	August 7, 2020
Recommendation of Selected Provider to Board of Directors	August 20, 2020
Bidders Negotiations	August 21, 2020
Notice of Award	August 25, 2020
Contract Negotiations	September 1, 2020
Contract Start Date	September 14, 2020

XIX. TERMS OF AGREEMENT

The initial term of service for contracts awarded under this procurement is October 1, 2020, through June 30, 2021 (9 months). At the sole discretion of BBHC, two (2) optional renewals for the period of July 1, 2021, through June 30, 2022 and July 1, 2022, through June 30, 2023, may be authorized, but are contingent upon availability of funding, agency viability, positive performance, and successful re-negotiation of all terms. BBHC reserves the option of having further contract renewals.

XX. 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, 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 and throughout participation in this program.

XXI. CONE OF SILENCE

Interested applicants responding to this solicitation, or persons acting on their behalf, may not contact any employee, agent, or board member of BBHC, Carisk Partners or DCF concerning any aspect of this RLI, except through submission of questions as described in Section XI of this RLI. This Cone of Silence begins upon the RLI release on July 2, 2020, until the posting of award notice on August 25, 2020. Violation of this provision may be grounds for disqualification from the selection process for this RLI.

XXII. 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 decision 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 BBHC's notice of the solicitation decision or funding award on the BBHC website. A formal written protest shall be filed within ten (10) days after the notice of protest is filed and shall state with particularity the facts and law upon which the protest is based.

Calculation of the 72-hour deadline for filing of the notice of protest shall not include weekends or BBHC holidays in the calculation of such a deadline.

Protests, appeals, or disputes may only challenge a procedural matter related to the solicitation. They may not challenge discretionary issues, 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.

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

Failure to submit a notice, written protest, or bond within the required time frame shall constitute a waiver of such party's right to protest.

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 presented with the formal written protest, appeal, or dispute within the ten (10) day period for filing the same. 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 after the notice of protest, appeal, or dispute has been filed. The estimated contract amount is not subject to protest. The bond shall be conditioned upon the payment of all costs and charges that are adjudicated 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.

XXIII. RESOURCES

Screening and Assessment Resources

1. The California Evidence-based Clearinghouse for Child Welfare – Assessment ratings and how to determine if an assessment is reliable and valid. <http://www.cebc4cw.org/assessment-tools/assessment-ratings/>
2. The REACH Institute offers a listing of mental health screening tools, assessments, and tool kits. <http://www.thereachinstitute.org/screening-tools.html>
3. Screening and assessment resources for co-occurring mental health and substance use disorders.
 - a. The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to address better the needs of individuals with mental health and substance use conditions. It offers a compendium of validated screening and assessment instruments and tools for mental and substance use disorders. <http://www.integration.samhsa.gov/clinical-practice/screening-tools>
 - b. SAMHSA Co-occurring Center for Excellence – Integrated Screening and Assessment <http://media.samhsa.gov/co-occurring/topics/screening-and-assessment/index.aspx>
 - c. Alcohol & Drug Abuse Institute - University of Washington: Info Brief: Co-Occurring Disorders in Adolescents. Provides an extensive list of resources related to screening, assessment, and integrated treatment. <http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-01.pdf>
4. Technical Assistance Partnership for Child and Family Mental Health/SAMHSA: Mental Health FAQs:
 - a. Screening and Assessment – Differentiates between screening and assessment and offers a comprehensive listing of substance abuse and mental health screening instruments. <http://www.tapartnership.org/content/mentalHealth/faq/01screening.php>
 - b. What's the Difference between screening and assessment for a substance use disorder? <http://www.tapartnership.org/content/substanceAbuse/faq/screening01.php>
5. Casey Life Skills assessment is a free practice tool and framework developed for working with youth in foster care; however, it is beneficial for any young person. It is a self-assessment

of independent living skills in eight areas that takes about 30 minutes to complete online and provides instant results. <http://lifskills.casey.org/>

Treatment Planning for Young People with Behavioral Health Needs

1. The Transition to Independence Process (TIP) model is an evidence-supported practice based on published studies that demonstrate improvements in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD). <http://tipstars.org/Home.aspx>
2. Technical Assistance Partnership for Child and Family Mental Health/SAMHSA - Youth Guide to Treatment – Planning a Better Life. A practical treatment planning guide developed by and for youth and young adults that encourages young people to take an active role in their treatment and treatment planning process. http://www.tapartnership.org/docs/Youth_Guide_to_Treatment.pdf.
3. Achieve My Plan (AMP) - The AMP study is testing a promising intervention that was developed by researchers at Portland State University, in collaboration with young people who have mental health conditions, service providers and caregivers. Tip sheets for meeting facilitators and young people, the Youth Self-efficacy/Empowerment Scale and Youth Participation in Planning Scale and a video entitled Youth Participation in Planning can be found at <http://www.pathwaysrtc.pdx.edu/proj-3-amp>
4. Youth Involvement in Systems of Care: A Guide to Empowerment - The mission of this Guide is to educate professionals and adults who work with young people on the importance of engaging and empowering youth. The Guide can be found at http://www.tapartnership.org/docs/Youth_Involvement.pdf
5. Family and Youth Participation in Clinical Decision Making. American Academy of Child and Adolescent Psychiatry. http://www.aacap.org/aacap/Policy_Statements/2009/Family_and_Youth_Participation_in_Clinical_Decision_Making.aspx
6. Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Substance Use and Co-Occurring Mental Health Disorders. Georgetown University Health Policy Institute http://gucchdtcenter.georgetown.edu/resources/Recovery_Report_Adolescents%20-%20FINAL.pdf
7. The Wraparound Approach in Systems of Care. <http://www.oregon.gov/oha/amh/wraparound/docs/wraparound-approach-soc.pdf>
8. Community-based Approaches for Supporting Positive Development in Youth and Young Adults: RTC Pathways. <http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf>
9. Making it Work: An Evidenced-based approach to Services for Emerging Adults with Serious Mental Conditions. National Technical Assistance Center for Children’s Mental Health-

Georgetown University Center for Child and Human Development.

<http://gucchdtcenter.georgetown.edu/resources/Webinar%20and%20Audio%20Files/YoungAdultWebinarMay2.pdf>

10. The Research and Training Center for Pathways to Positive Futures (Pathways) aims to improve the lives of youth and young adults with severe mental health conditions through rigorous research and effective training and dissemination. Their work is guided by the perspectives of young people and their families and based on a positive development framework.
<http://www.pathwaysrtc.pdx.edu/about>
11. Technical Assistance Partnerships for Children and Family Mental Health/ SAMHSA Systems of Care: The Young Adults of Transition Age Community of Practice provides an opportunity for discussion, collaboration, and the exchange of ideas and resources related to transition-aged youth with mental health challenges currently served by system of care communities.
<http://www.tapartnership.org/COP/transitionAgedYouth/default.php>
12. National Wraparound Initiative - Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) that assists them to live in their homes and communities and realize their hopes and dreams.
<http://www.nwi.pdx.edu/wraparoundbasics.shtml#whatiswraparound>
13. Strengthening Family Support for Young People: Tipsheet for strengthening family support.
<http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-FamilySupportTipSheet.pdf>
14. Positive Youth Development (PYD), Resilience, and Recovery: Actively focuses on building strengthens and enhancing healthy development.
<http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf>
15. Section 394.491, F.S. – Guiding principles for the child and adolescent mental health treatment and support system.
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=03000399/0394/Sections/0394.491.html
16. Youth M.O.V.E. National. Youth M.O.V.E is a youth-led national organization devoted to improving services and systems that support growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. There are chapters in Florida and opportunities for young people to learn leadership and advocacy skills and to get involved with peers.
<http://www.youthmovenational.org/Pages/mission-vision-purpose.html>
17. Providers are encouraged to review the Implementation toolkit for guidance on program start-up. Agencies will be expected to implement a program that aligns with the PSH Fidelity Scale. All documents can be found here: <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>.