

# **First Episode Psychosis (FEP) Program for Broward County**

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

### **Solicitation # 21-003**

**Available: October 1, 2021 – October 29, 2021**

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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.

BBHC is requesting a letter of interest from providers who have the capacity to establish and operate a First Episode Psychosis Program utilizing the NAVIGATE Model to serve eligible young people and adults of the Broward County community.

## II. STATEMENT OF PURPOSE

Many studies show that the greater the duration of time that a person with first episode of psychosis goes untreated, the more problems occur. For example, the longer the duration of untreated psychosis, the longer it takes to stabilize the psychotic symptoms, and the worse the person's overall functioning following symptom stabilization. Experts believe that early intervention could improve the quality of life and reduce the level of disability among people with schizophrenia. Schizophrenia is a major mental illness characterized by psychosis, negative symptoms (e.g., apathy, social withdrawal, anhedonia), and cognitive impairment. Depression and substance use commonly co-occur with schizophrenia spectrum diagnoses. Clients with schizophrenia spectrum disorders can have challenges in the areas of work, school, parenting, self-care, independent living, interpersonal relationships, and leisure time.

On average, people endure new psychotic symptoms for many months, and sometimes even years before receiving any psychiatric treatment for their disorder (Häfner et al., 2003; Perkins et al., 2005). People may delay treatment due to the stigma of mental illness and schizophrenia (Corrigan, 2004; Judge et al., 2005). Other treatment providers, such as general practitioners, may not refer a person due to lack of awareness of the signs of psychosis. Family members are often aware that something unusual is happening but may not know that the changes are signs of a treatable mental illness. Family members also may be afraid to help their relative get treatment due to stigma or lack of understanding about the nature and treatment of the disorder. Rather than getting the treatment they need, people with psychosis unfortunately often end up in jail for their mental illness-related behaviors (Teplin, 1994; Teplin et al., 1996).

Even when treatment for a first episode of psychosis is successfully started, people often have problems when the treatment is not attuned to their unique needs and goals. Also, treatment may be incomplete, including medication but no teaching of illness self-management skills (such as the prevention of relapses) and no skills training for improving their functioning and quality of life. When medication is provided, non-adherence is a major problem, which leads to increased relapse rates and more problems with daily functioning (Robinson et al., 1999).

Among adult psychiatric disorders, schizophrenia is the most disabling. Only 1% in the general population have schizophrenia, but over 30% of all spending for mental health treatment in the U.S. was accounted for by schizophrenia—about \$34 billion in 2001 (Mark et al., 2005). The high cost of treating schizophrenia is only one dimension of the impact of the illness, which has major effects on individuals, families, and society. The toll of schizophrenia arising from premature death, family caregiving, unemployment, criminal justice costs, and physical and emotional distress is striking (Samnaliev & Clark, 2008). According to the World Health Organization (Murray & Lopez, 1996), the combined economic and social costs of schizophrenia place it among the world's top ten causes of disability worldwide. Considering the magnitude of the impact of schizophrenia, interventions designed to treat the disorder effectively at the earliest possible point (e.g., during the first episode of psychosis) have the potential to improve its long-term trajectory, and to reduce the global burden of the illness.

### **III. First Episode Psychosis (FEP) PROGRAM MODEL:**

The FEP Program follows the NAVIGATE Model. NAVIGATE is a comprehensive program designed to provide early and effective treatment to individuals who have experienced a first episode of psychosis. It was developed with support from National Institute of Mental Health (NIMH) and has been implemented at over 60 sites throughout the U.S. as well as in China, Canada, and Israel. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and recovery. More broadly, the NAVIGATE program helps consumers navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, on the job, at school, and in the social world.

NAVIGATE is a Team-Based Approach which includes, at minimum, the following team members: One (1) PROGRAM DIRECTOR, who educates the community, recruits individuals who have begun to experience psychosis, and leads the team.

- One (1) PRESCRIBER, trained in using low doses of medications and addressing special issues of clients with first episode psychosis
- One (1) INDIVIDUAL RESILIENCY TRAINER (IRT), who helps individuals identify and work towards their goals, teaching them strategies and skills to build their resiliency in coping with psychosis while staying on track with their lives.
- Two (2) FAMILY EDUCATION (FE) CLINICIANS, who help the whole family learn about psychosis and how to manage it, and how to support each other and build family resiliency.
- One (1) SUPPORTED EMPLOYMENT AND EDUCATION (SEE) SPECIALIST, who helps people identify and achieve their educational and/or employment goals.
- One (1) CASE MANAGER provided either by a separate case manager or by a specified NAVIGATE team member.

Staff members on the FEP Program team, are expected to be employed full-time and work exclusively for the FEP Team providing services to individuals participating in the FEP Program. All staff members on the FEP Program team should have post-graduate experience working in mental health with transition-age youth, and adults experiencing significant mental and emotional disturbance, and their families.

When individuals are enrolled in the program, they and their families first meet with the Program Director, who explains the program and answers any of their questions. The Program Director then

introduces them to the other team members, and first appointments are set up with each of them.

The individual then begins to work with the Prescriber to evaluate the role of medication, with the Individual Resiliency Trainer (IRT) to promote individual resiliency by enhancing illness management and building strengths, with the Family Education (FE) clinician to learn how to work together as a family to support the individual’s recovery, and with the Supported Employment and Education (SEE) Specialist to pursue employment and educational goals.

On average, individuals and families usually work closely (e.g., weekly) with one or more members of the team for 6 to 12 months, followed by less frequent services (e.g., monthly for 12-18 months). After two years, the team, the individual and his or her family usually work together to decide on the next best steps to continue their recovery. Some individuals stay with the NAVIGATE team at the same levels or a less intensive basis (e.g., monthly check-ins), some transfer treatment to a non-NAVIGATE team, and others may no longer be involved in treatment.

NAVIGATE includes four different treatment interventions. They are informed by special issues faced by persons with a first episode of psychosis. These treatment interventions are:

Intervention	Aimed At...
Medication Treatment	<ul style="list-style-type: none"> <li>• Reducing symptoms and preventing relapses to help people achieve their desired goals.</li> </ul>
Family Education Program	<ul style="list-style-type: none"> <li>• Teaching families about psychosis and its treatment.</li> <li>• Reducing relapses by encouraging medication adherence and monitoring early warning signs of relapse.</li> <li>• Supporting the client’s work towards personal recovery goals.</li> <li>• Reducing family stress through improved communication and problem-solving skills.</li> </ul>
Individual Resiliency Training	<ul style="list-style-type: none"> <li>• Helping clients identify and use their personal strengths</li> <li>• Helping clients achieve personal goals by teaching them about their disorder and its treatment.</li> <li>• Processing the experience of psychosis.</li> <li>• Reducing self-stigmatizing beliefs.</li> <li>• Helping them learn social skills and resiliency skills.</li> </ul>
Supported Employment and Education	<ul style="list-style-type: none"> <li>• Helping clients to develop education and employment goals related to their career interests.</li> <li>• Working with clients to help them obtain jobs or enroll in educational programs.</li> <li>• Providing follow along supports for all clients who are employed or in school to help them be successful.</li> </ul>

#### IV. FEP PROGRAM GOALS

The goal of NAVIGATE is recovery and resiliency. New perspectives on recovery and resiliency do not focus on the severity or persistence of psychiatric symptoms, but rather on the person's ability to experience a rewarding and meaningful life—even while the person may be managing or coping with existing symptoms.

NAVIGATE embraces this view of recovery and resiliency. Specifically, recovery and resiliency are defined in terms of:

- Social/leisure functioning (e.g., quality of social relationships, involvement in leisure activities, independent and self-care living skills)
- Role functioning (e.g., school, work, parenting)
- Well-being (e.g., self-esteem, hope, sense of purpose, enjoyment of life)

#### V. FEP PROGRAM ELIGIBILITY CRITERIA

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

The participant must be between the ages of 14 and 35, live in Broward County, have a relatively normal development progression up to two years before the onset of psychotic symptoms, and have not had treatment for psychosis for more than 12 months.

Acceptance into the program will be based on individuals meeting all of the following eligibility criteria:

1. Resides in Broward County
2. The person has an IQ of 70 or above and does not have a previous diagnosis of a pervasive developmental disorder (e.g., autism, Asperger's).
3. Psychotic symptoms -These are not known to be caused by the temporary or chronic effects of substance abuse or a known medical condition.
4. The person has experienced a significant decline in either academic, vocational, social, or personal (sleep, hygiene) functioning.
5. The individual has experienced significant worsening or new symptoms in one or more of the following areas in the last 12 months:
  - Thought disorganization as evidenced by disorganized speech and/or writing. (Examples: confused conversations, not making sense, never getting to a point, unintelligible).
  - Behaviors, speech, or beliefs are uncharacteristic and/or bizarre.
  - Complaints of hearing voices or sounds that others do not hear.
  - The individual feels that other people are putting thoughts in their head, stealing their thoughts, believes others can read their mind (or vice versa), and/or hear their own thoughts out loud.
  - Episodes of depersonalization (example: they believe that they do not exist or that their surroundings are not real).

- Experiencing visual distortions.
- Increased fear, anxiety, or paranoia for no apparent reason or for an unfounded reason.

## VI. FEP COLLABORATIVE TREATMENT PLANNING AND REVIEWS

Collaborative treatment planning is a process involving the members of the NAVIGATE team working together with the client and family members or other significant persons. This type of treatment planning is necessary to ensure that all perspectives regarding a client's needs and desires are considered. Most importantly, the client's goals are honored and validated. It is important that all stakeholders have input into the treatment plan and are willing to support it.

Periodic assessments of progress on the treatment plan (e.g., monthly) are done at NAVIGATE team meetings. However, formal collaborative treatment review meetings with the client (and family or other supportive persons) every six months are also important. The client, the supportive people in the client's life, and the team consider new approaches for goals for which limited progress has been made. They make plans to address new goals that have emerged over the course of treatment. They evaluate the need for continued treatment, and if indicated, plan how to transition the client to less intensive services.

Meetings Related to Collaborative Treatment Planning and Reviews are as follows:

MEETING	TEAM MEMBERS PRESENT	WHEN
Preparation for Collaborative Treatment Planning Meeting (approx. 20-30 minutes)	All NAVIGATE Team Members	3-4 weeks after client begins NAVIGATE, during weekly team meeting
Collaborative Treatment Planning Meeting (30-60 minutes)	NAVIGATE Director and most relevant team members, client, family members (or other supporters)	1 month after client begins NAVIGATE
Preparation for Collaborative Review Meeting (20-30 minutes)	All NAVIGATE Team Members	Prior to Collaborative Review Meeting, during weekly team meeting

Collaborative Review Meeting (30-60 minutes)	NAVIGATE Director and most relevant team members, client, family members (or other supporters)	Every 6 months after initial treatment plan has been developed
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## VII. FEP PROGRAM DISCHARGE PLANNING

Many clients will make sufficient improvements in NAVIGATE and will transition out of the program at some point. Clients may be involved in NAVIGATE for up to 2 years, and the family will continue with monthly check-ins, invitations to treatment team meetings, and the availability of consultation during this period; typically, after the first year, most family contacts will be by phone, but the option for face-to-face meetings remains. Clients often stay in the consolidating gains phase until a plan is made for their discharge from NAVIGATE, based on their overall level of improvement. The timing and transition will be a result of shared decision-making among all the relevant participants. At the point of transition, the family clinician plans at least two conjoint sessions with the client and relatives. The goals of these sessions are to review progress made in the program, review and refine the discharge plan, and to make referrals to any additional resources needed by the family. This referral will typically be either to regular clinic care, to other community resources, or to the client’s choice of physician (general or Psychiatrist). Some participants will have improved sufficiently to longer need specialty mental health care. A discharge plan is developed with the treatment team, client and family and then details reviewed in at least two consecutive meetings in the prolonged recovery phase.

## VIII. FEP ASSESSMENTS

The domains of assessment in NAVIGATE can be divided into six broad areas, including:

1. Recovery and resiliency
2. Mental health (including symptoms and functioning)
3. Illness management
4. Physical health
5. Family and other supports
6. Basic living needs

In the process of assessing the client for their own interventions, some team members gather additional helpful information which can be useful in the collaborative treatment planning process.

## IX. 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 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:

### A. Abstract

Provide a brief description of your agency, its history of implementing evidence-based practices (EBPs), and motivations for submitting your proposed program.

1. Provide the physical location of your program.
2. What are your agency's reasons and motivations to become a FEP Program provider?
3. How do you currently support individuals experiencing psychosis in Broward County?

### B. Capacity/Readiness

Describe any efforts your agency has already made, or plans to make, to prepare for implementing a First Episode Psychosis Program.

1. What is your agency's organizational readiness for implementing a FEP Program?
2. What are some strengths your agency has that will support the implementation of a FEP Program?
3. What are some implementation barriers you anticipate, and how will you overcome those barriers?
4. What steps will your agency take to ensure all team members are competent in the implementation of the NAVIGATE Model?

### C. Proposed Program

Describe your proposed First Episode Psychosis Program. Be sure to address the following:

#### 1. Target Population

Identify the estimated number of persons served through the first year of the FEP Program implementation.

Describe the specific identification and engagement strategies your organization will employ to meet the needs of participants between the ages of 14 and 35, who live in Broward County, have a relatively normal development progression up to two years before the onset of psychotic symptoms, and have not had treatment for psychosis for more than 12 months.

Describe how your program will tailor services to meet the needs of individuals who are involved with the Department of Juvenile Justice/Criminal Justice, young people involved in the Child Welfare system, youth who identify as LGBTQ+, and ethnic minority groups.

Describe any challenges that you foresee in serving individuals throughout the county and what you intend to do to address those challenges.

**2. Collaborative Treatment Planning and Reviews**

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

**3. Discharge Planning**

Describe the discharge planning process and how the determination for discharge readiness will be made.

**4. Screening and Assessment**

Describe your screening and assessment process and the screening and assessment tools you will be utilizing in your FEP Program.

**5. Evidence Based Practices**

Identify the evidence-based practices you will be using in your FEP Program.

**6. Staffing**

Provide a detailed description of the roles and supervisory responsibility of each staff member, including the required experience for each position.

Identify which FEP Program team member positions will need to be hired and which are already employed by your agency.

Explain how your agency will ensure staff will be able to provide full-time service to the FEP Program.

**7. Racial Equity**

A Racial Equity lens must be utilized to meet the cultural needs of the communities to be served.

How will you utilize and implement the trainings and tools available to you to ensure your program infuses an equitable lens so that the cultural needs of the communities are at the forefront of planning, community engagement, and service delivery?

**D. 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:

1. Behavioral Health
2. Prevention
3. Community-Based Care entity (CBC)
4. Recovery Support
5. Department of Juvenile Justice
6. Transition Age Youth Service Providers
7. Employment Service Providers
8. Housing Providers
9. Broward County Schools including technical schools
10. Broward County Homeless 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

#### **E. Medicaid**

Describe whether you currently have agreements with the Managed Medical Assistance (MMAs) Plans, and if so, with whom. If you have no such agreements, describe your current plans or efforts to apply.

#### **F. Line-Item Budget / Incidental Expenses**

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 FEP Program, including flex/incidental funds.

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

Describe how your agency will utilize incidentals for persons served through the FEP Program.

### **3. OTHER SELECTION CRITERIA**

A. Address the following throughout the narrative of your proposal:

1. Agency CEO/Executive Director's commitment to participating in an organizational change process to implement a FEP Program, including participation in fidelity evaluation processes.
2. Leadership commitment to have local mental health staff, housing staff, consumers, family members, and employers participate in an agency established "Leadership Team/Steering Committee."
3. Strength of the agency's work plan for building consensus and implementing a FEP.
4. Strength of the agency's recovery practices.
5. Strength of the agency by incorporating individuals with lived experience in their workforce.

## X. OTHER APPLICATION REQUIREMENTS

1. Agencies may only submit one (1) Response to this RLI.
2. Agencies responding must submit their proposal electronically.
3. The maximum award per response is: \$750,000.
4. 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.
5. 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

## XI. AUDIT REQUIREMENTS AND FISCAL SOUNDNESS

Applicants must submit one (1) copy of their most recent annual financial statement (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, October 29, 2021, at 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 Wednesday, October 6, 2021, 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, October 7, 2021, at Noon.**

*The email to be utilized is: [providers.bbhc@cariskpartners.com](mailto: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](http://www.bbhcflorida.org) on Friday, October 8, 2021. 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).

FEP providers are contractually required to submit a FEP Data Report as requested to provide information related to the goal of improved functioning or symptom severity among individuals served. BBHC can request monthly, quarterly, or yearly reports. Performance indicators and targets are outlined below.

FEP Team participants will be required to comply with all DCF performance outcomes and additionally with eh following:

**Indicator: The percentage of individuals served that experience improvements in functioning or symptom severity.**

**Target: At least 80% of individuals served by the FEP team in FY experience improvements in functioning or symptom severity.**

## **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

<b>ACTIVITY</b>	<b>TIMEFRAME</b>
Dates Available:	<b>October 1, 2021 – October 15, 2021</b>
Solicitation Conference (Pre-Bid Conference)	<b>October 6, 2021</b> Virtually through Microsoft Teams
Submission of Written Questions	<b>October 7, 2021, by Noon, via email to:</b> Providers.bbhc@cariskpartners.com
Posting of Responses to Written Questions	<b>October 7, 2021</b>
<b>Deadline for Receipt of RLI Responses</b>	<b>October 29, 2021, by Noon at:</b> Electronic Submission Via email to <a href="mailto:Providers.bbhc@cariskpartners.com">Providers.bbhc@cariskpartners.com</a>
Interviews/ Reviewer’s Meeting	November 10, 2021 , TBA Virtually through Microsoft Teams
Contract Negotiations	<b>November 12, 2021</b>
Recommendation of Selected Provider to Board of Directors	<b>November 18, 2021</b>
Notice of Award	<b>November 19, 2021</b>
Contract Start Date	<b>December 1, 2021</b>

## XIX. TERMS OF AGREEMENT

The initial term of service for contracts awarded under this procurement is December 1, 2021, through June 30, 2022 (7 months). At the sole discretion of BBHC, two (2) optional renewals for the period of July 1, 2022, through June 30, 2023, and July 1, 2023, through June 30, 2024, 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 October 1, 2021, until the posting of award notice on November 19, 2021. 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](http://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

### NAVIGATE Model Manuals

#### 1. Team Members Guide

Everyone on the team should read this manual for an overview of the NAVIGATE program and how it works, the logistics of staffing, role responsibilities for each team member, team meetings, and how the team works together in a collaborative, person-centered way.

[http://navigateconsultants.org/2020manuals/team\\_guide\\_2020.pdf](http://navigateconsultants.org/2020manuals/team_guide_2020.pdf)

#### 2. Program Director Manual

The NAVIGATE director will find information on starting up the program, outreach, and recruitment, forming and leading the team, conducting team meetings, and conducting IRT and SEE supervision.

[http://navigateconsultants.org/2020manuals/director\\_2020.pdf](http://navigateconsultants.org/2020manuals/director_2020.pdf)

#### 3. Family Education (FE) Manual

This manual guides the family clinician in how to help relatives gain the necessary knowledge base, attitudes, and skills to cope effectively and to support their loved one's progress towards recovery; the manual includes handouts for family members and clinical guidelines for the Family Clinician.

[http://navigateconsultants.org/2020manuals/family\\_2020.pdf](http://navigateconsultants.org/2020manuals/family_2020.pdf)

#### 4. Individual Resiliency Trainer (IRT) Manual

This manual gives an overview of IRT, which is a modular-based intervention for helping individuals identify and enhance their strengths and resiliency factors, increase their illness management skills, and learn skills to increase their success in achieving personal goals, such as employment, education, and positive relationships; each module contains handouts for the clients and clinical guidelines for the IRT.

[http://navigateconsultants.org/2020manuals/irt\\_2020.pdf](http://navigateconsultants.org/2020manuals/irt_2020.pdf)

#### 5. Prescribers Manual

This manual provides strategies and skills for working with individuals with first episode psychosis, such as engagement, assessment, medication management, medication adherence, identification, and management of side effects (including hyperprolactemia, and metabolic and cardiovascular side effects).

[http://navigateconsultants.org/2020manuals/prescribers\\_2020.pdf](http://navigateconsultants.org/2020manuals/prescribers_2020.pdf)

#### 6. Supported Employment and Education (SEE) Manual

This manual teaches the principles of Supported Employment and Education and provides strategies and skills for the SEE specialist for engagement, assessment,

addressing illness-related challenges to work and school, disability benefits, the pros, and cons of disclosure, conducting a school and/or job search, providing follow-along supports; several useful forms and handouts are provided for each aspect of providing SEE.

[http://navigateconsultants.org/2020manuals/see\\_2020.pdf](http://navigateconsultants.org/2020manuals/see_2020.pdf)

## **Additional Support Resources**

### **1. 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>

### **2. National Federation of Families**

The National Federation of Families is a national family-run organization linking more than 120 chapters and state organizations focused on the issues of children and youth with emotional, behavioral, or mental health needs and substance use challenges and their families. It was conceived in Arlington, Virginia in February 1989 by a group of 18 people determined to make a difference in the way the system works.

<https://www.ffcmh.org/>