



**Family Intensive Treatment (FIT) Team
for Broward County**

**Request for Letters of Interest (RLI)
Solicitation #22-003**

Available: May 2, 2022 – May 31, 2022



Contents

I.	Background	3
II.	Statement of Purpose	3
III.	FIT Program Model	3
IV.	FIT Program Goals	3
V.	FIT Program Eligibility	4
VI.	FITT Staffing Requirements	5
VII.	FIT Programmatic Requirements	6
VIII.	Performance Measures and Outcomes	8
IX.	Application Process	8
X.	Audit Requirements And Fiscal Soundness	11
XI.	Due Date – Fatal Flaw	11
XII.	Pre-Bid Conference and Questions	11
XIII.	Selection Process	11
XIV.	Timetable	12
XV.	Terms of Agreement	12
XVI.	Background Screening	13
XVII.	Cone of Silence	13
XVIII.	Appeal Process	13
XIX.	Resources	14



I. BACKGROUND

Broward Behavioral Health Coalition, Inc. (BBHC) is Broward County's Managing Entity (ME) overseeing, managing, and implementing the behavioral health system of care in Broward County. 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 the Department of Children and Families (DCF) Office of Substance Abuse and Mental Health. These funds come primarily from State revenue and federally funded Block Grants. BBHC also pursues and receives funding through state grants and directly from federal grant proposal submissions.

II. STATEMENT OF PURPOSE

BBHC is requesting Letters of Interest from its designated qualified network providers who have the capacity to establish and operate a Family Intensive Treatment (FIT) Team to serve eligible adults and their children, in Broward County, who are involved in the Child Welfare System whose parents experience substance use and/or co-occurring disorders.

III. FIT PROGRAM MODEL

The Family Intensive Treatment (FIT) Team model is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. The program serves families that have been determined to be unsafe with children under the age of ten. Referrals for services can be made by the child welfare professional, including the child protective investigator, child welfare case manager, or community-based care lead agency.

Upon successful completion, the family should have the skills and natural support system needed to maintain improvements made during services.

This program shall abide by the Department of Children and Families (DCF) ***Guidance 18 Family Intensive Treatment (FIT) Model Guidelines and Requirements***, in all items except when BBHC demands a more rigorous condition.

IV. FIT PROGRAM GOALS

The goals of the FIT Team model are to:

1. Provide identification of families and immediate access to intensive substance use and co-occurring mental health treatment services for parent(s)/guardian(s) in the child welfare system with early engagement strategies, such as at case initiation or case transfer, when a child in the family has been determined to be "unsafe."



2. Establish a team-based approach, including Clinicians, Case Managers and Recovery Peer Support Specialists, to planning and service delivery in coordination with Community-Based Care Lead Agencies, Child Welfare Professionals, Managing Entities and other providers of services.
3. Integrate evidence-based treatment for substance use disorders, parenting interventions, and therapeutic treatment for all family members into one comprehensive treatment approach. This comprehensive approach includes coordinating clinical children's services, which are provided outside of the FIT Team funding.
4. Identify family-driven pathways to recovery and promote sustained recovery through cultural and gender sensitive treatment and involvement in recovery-oriented services and supports.
5. Promote increased engagement and retention in treatment.
6. Provide 24/7 access for crisis management.
7. Facilitate concurrent planning between child welfare case planning and treatment plan goals, to integrate the family's strengths and needs with their dependency case plan.
8. Advocate for parent(s)/guardian(s) and assist in navigating the child welfare process.
9. Promote treatment completion and continued care through linkage to ongoing support services and natural supports.
10. In collaboration with Community-Based Care Lead Agencies and Child Welfare Case Management Organizations:
 - a. Promote safety of children in the child welfare system whose parent(s)/guardian(s) have a substance use disorder.
 - b. Develop a safe, nurturing, and stable living situation for these children as rapidly and responsibly as possible.
 - c. Provide information to inform the safety plan and ongoing Family Functioning Assessments (FFA), by utilizing the Progress Exchange Form developed by BBHC in collaboration with DCF.
 - d. Reduce the number of out-of-home placements when safe to do so; and e. Reduce rates of re-entry into the child welfare system.

V. FIT PROGRAM ELIGIBILITY

The following participation criteria to accept families referred by the child protective investigator, child welfare case manager or Community-Based Care Lead Agency. Providers and stakeholders working with child welfare families.

FIT Team Providers shall deliver services to parent(s)/guardian(s) who meet all the following criteria:

1. Are eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S.; including persons meeting all other eligibility criteria who are under insured.
2. Meet the criteria for a substance use disorder.

AND



3. Have at least one child between the ages of 0 and 10 years old.
AND
4. At the time of referral to FIT:
 - a. A child in the family has been determined to be “unsafe” and in need of child welfare case management and placed in-home or out-of-home.
AND
 - b. For children in out of home care, the family must have a child welfare case management plan with the permanency goal of reunification, or a concurrent case plan that includes reunification as a permanency goal
AND
 - c. The eligible parent(s)/guardian(s) are willing to participate in the FIT Program or the caregiver is court ordered to participate in FIT services. In either case, enhanced efforts to engage and retain the caregiver(s) in treatment are expected as a critical element of the FIT program.

Eligibility is based on at least one parent/guardian in the home meeting criteria, all members of the household should receive and benefit from FIT services and coordination. This allows for family-focused treatment and ensures that all members of the household are addressing any issues that may impact success from both a behavioral health and child welfare perspective.

Each parent/guardian that meets the eligibility criteria is counted toward the performance measures.

VI. FIT STAFFING REQUIREMENTS

FITT is fundamentally a team-based approach to care; families receive FIT services from consistent and designated staff that have received the required training on the child welfare system and evidence-based programs. FIT staff shall work collaboratively to meet the needs of FIT families. Listed below are the essential roles of FIT team members who are considered the “core” team.

- One (1) Program Manager, who shall be a licensed Master’s or Doctoral degree in behavioral health sciences, such as psychology, mental health counseling, social work, art therapy, or marriage and family therapy. This must be an active license issued by the Florida Board of Clinical Social Work, Marriage and Family Therapy, Mental Health Counseling, or Psychology; and a minimum of three years working with adults with substance use disorders.
- Three (3) Behavioral Health Clinicians, who shall have Master’s or Doctoral degree in behavioral health sciences, such as mental health counseling, social work, art therapy, psychology, or marriage and family therapy; and a minimum of two years of experience working with adults with substance use disorders. Clinician caseloads are clinically determined by the Program Manager but shall not exceed 15 clients.



- Three (3) Case Managers, who should have at minimum a Bachelor’s degree in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related field which includes the study of human behavior and development; and a minimum of one year of experience working with adults with behavioral health needs and child welfare involvement; or a Bachelor’s or Master’s degree with a major in another field and a minimum of three years of experience working with adults with substance use disorders. FIT Case Managers assist clients with coordination of provider referrals and follow-up for other needed services.
Case Managers caseloads are determined by the Program Manager based on the needs of the individuals served but shall not exceed 15 clients.
- Recovery Peer Specialist, who shall be a Certified by the Florida Certification Board; with direct personal experience living in recovery from substance use conditions for at least 2 years with a minimum of one (1) year work experience as a Recovery Peer Specialist. Recovery Peer Specialists are allowed one year from the date of their employment to obtain certification through the Florida Certification Board. Recovery Peer Specialists provide support, assistance, and advocacy for the client.
Recovery Peer Specialists caseloads are determined by the Program Manager based on the needs of the individuals served but shall not exceed 15 clients.

Due to the nature of the cases referred to this program, staff must be appropriately compensated to ensure the stability of the team. All FIT Team staff must be full time employees of the selected provider and they cannot be employed by said provider under any other capacity. If, due to unexpected situations, a provider is required to employ part time employees to work for FIT it shall be with BBHC preauthorized and for a limited time ONLY. In the same manner, any adjustments to staff credentials and maximum caseloads must be approved by BBHC with agreement from the DCF.

VII. FIT PROGRAMMATIC REQUIREMENTS

The FIT team shall be trained and utilize evidence-based substance use treatment and parenting practices found effective for serving families in the child welfare system. The team shall provide a comprehensive array of services tailored to the needs of each family. However, some services are required for all parents/guardians:

- An emergency contact number for parent(s)/guardian(s) to reach FIT Team Provider in case of an emergency, 24 hours a day and 7 days a week
- Recovery peer support services
- Case management services
- Coordination of services and supports
- Individualized treatment provided, such as intensive in-home treatment, inclusive of individual and family counseling, related therapeutic interventions, and treatment to address substance use disorders
- Document FIT activities and family’s progress in Florida Safe Families Network (FSFN)



Other services, included in the DFC Guidance 18, will be expected based on the specific needs of each family.

- **Assessment**

All assessment tools should be completed as appropriate in the first 30 days following enrollment to the FIT program. The FIT assessment process includes consideration of the assessment activities that are completed by child welfare professionals, as well as any known behavioral health treatment history. In addition to assessments from child welfare, the FIT Team Provider shall assess parental capacity, functioning, substance use and co-occurring mental health, family history, and trauma. Results of all assessments are included in the Biopsychosocial and inform treatment planning and interventions.

The following assessments must be completed:

- a. **Daily Living Activities (DLA-20): Alcohol-Drug Functional Assessment:** Complete the DLA-20 to determine the caregiver's level of functioning. To effectively monitor changes in client functioning over time, the DLA-20 shall be readministered within sixty (60) calendar days of initial completion and continue to be administered at 60-day intervals throughout the course of FIT services. A final DLA-20: Alcohol-Drug shall be administered at discharge, except in the case of unplanned discharge and parent is unavailable.
- b. **Caregiver Protective Capacities:** Review the caregiver protective capacity ratings completed by the child protective investigator or child welfare case manager from the most recent Family Functioning Assessment. The FIT Team Provider will complete a baseline rating of the caregiver protective capacities based on information gathered during the assessment process. This will be evaluated by the FIT team monthly in progress updates and during treatment plan reviews and at discharge
- c. **Biopsychosocial Assessment:** The Biopsychosocial Assessment shall describe the biological, psychological, and social factors that may have contributed to the recipient's need for services. The evaluation synthesizes the results of all assessments administered and include a brief mental status exam, diagnostic/clinical impression and preliminary service recommendations based on those results and interview of the client and family.

- **Transition and Discharge**

Although discharge planning should at admission, the process must conclude with the coordination and implementation of services and transition a the least restrictive level of care. The following steps must be completed and be clearly documented before final discharge:

- Completion of the DLA-20: Alcohol-Drug and rating of the caregiver protective capacities are completed seven calendar days prior to discharge from FIT services.



- An MDT staffing is held 30 calendar days prior to discharge from the FIT program and includes the FIT team, and requesting participation from child welfare professional(s), parent/guardian(s), and any other relevant
- Fourteen (14) calendar days prior to discharge, the FIT provider makes referrals to ensure linkage for necessary services and supports.
- A discharge summary is completed summarizing the family's needs and referrals to services and is provided to the family upon discharge. A copy of the discharge summary is provided to the child welfare professional within seven days of discharge.

VIII. PERFORMANCE MEASURES AND OUTCOMES

The following performance measures are requirements of DCF. All DCF performance outcomes will be based on guidance and will be adjusted based on any modification of said Guidance 18 by DCF.

- Upon successful treatment completion, 95 percent of eligible parent(s)/guardian(s) served will be living in a stable housing environment.
- Upon successful treatment completion, 95 percent of eligible parent(s)/guardian(s) served will have stable employment
- Upon successful treatment completion, 90 percent of eligible parent(s)/guardian(s) served will improve their level of functioning, as measured by the Daily Living Activities (DLA-20): Alcohol-Drug Functional Assessment.
- Upon successful treatment completion, 90 percent of eligible parent(s)/guardian(s) served will improve their Caregiver Protective Capacities as rated by the FIT Team Provider.

BBHC additional performance outcomes

- 60% of all discharges will be successful.
- 60% of all discharges will successfully complete their SUD treatment program

IX. APPLICATION PROCESS

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

The narrative portion of the application should be no more than ten (10) 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.
- b. What are your agency's reasons and motivations to become a FIT Program provider?
- c. How do you currently support individuals who are part of the Child Welfare system in Broward County?
- d. How do you currently support individuals with substance use and or co-occurring disorders?
- e. Capacity and Readiness to implement this program?
- f. Describe any efforts your agency has already made, or plans to make, to prepare for implementing a FIT Program.
- g. What is your agency's organizational readiness for implementing a FIT Program?
- h. What are some strengths your agency has that will support the implementation of a FIT Program?
- i. What are some implementation barriers you anticipate, and how will you overcome those barriers?
- j. What steps will your agency take to ensure all team members are competent in the implementation of the FIT Model?
- k. Proposed Program: Describe your proposed FIT Program. Be sure to address the following:
 - ✓ Target Population
 - ✓ Describe the specific identification and engagement strategies your organization will employ to meet ensure the flow of referrals to the program
 - ✓ Describe how your program will tailor services to meet the needs of individuals who identify as LGBTQ+, and ethnic minority groups.
 - ✓ Describe the challenges that you foresee in serving individuals throughout the county and what you intend to do to address those challenges
 - Evidence Based Practices: Identify and describe any evidence-based practices you will be using in your FIT Program.
 - Racial Equity: A Racial Equity lens must be utilized to meet the cultural needs of the communities to be served. Describe how you will address the cultural and racial needs of the persons served through a racial cultural lens?
 - 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
 - ✓ Community-Based Care entity (CBC)
 - ✓ Recovery Support
 - ✓ Broward Sheriff's Office/CPIS
 - ✓ Employment Service Providers
 - ✓ Housing Providers
 - ✓ Broward County Schools including technical schools



- 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.
- 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 FIT Program, including flex/incidental funds.
 - ✓ Include proposed personnel (name, credentials, years of experience with employment services, years of experience SUD population), for costs associated with the provision of the work described within this RLI.
- Incidentals: 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 FIT Program.
- OTHER SELECTION CRITERIA
 - ✓ Address the following throughout the narrative of your proposal:
 - ✓ Agency CEO/Executive Director's commitment to participating in an organizational change process to implement a FIT Program, including participation in fidelity evaluation processes.
 - ✓ Strengths of the agency's work plan for building consensus and implementing a FIT program.
 - ✓ Strength of the agency's substance misuse recovery practices, specifically its commitment to ROSC framework.
 - ✓ Strength of the agency by incorporating individuals with lived experience in their workforce.
 - ✓ 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.

3. OTHER APPLICATION REQUIREMENTS

Agencies may only submit one (1) Response to this RLI. Agencies responding must submit their proposal electronically. The maximum award per response is: \$800,000. Only one proposal will be awarded.

X. 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.

XI. DUE DATE – FATAL FLAW

All responses to this RLI are due Tuesday, May 31, 2022, at or before Noon. Failure to timely deliver submissions is a fatal flaw rendering the submittal non-responsive and illegible for consideration.

XII. PRE-BID CONFERENCE AND QUESTIONS

Participation in the Pre-Bid Conference on Monday, May 9, 2022, at 12:00pm, 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 Tuesday, May 10, 2022 at Noon.

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, May 13, 2022. It will be your responsibility to check for and obtain such information

XIII. 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:

- a. conduct face-to-face or virtual interviews with any, all, or selected applicants.
- b. require submission of additional or revised responses.
- c. terminate negotiations or re-open negotiations with any applicant; or



- d. 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.

XIV. TIMETABLE

ACTIVITY	DEADLINE
Dates Available:	May 2, 2022 – May 31, 2022
Solicitation Conference (Pre-Bid Conference)	May 9, 2022 at 12:00 pm <i>Virtually Microsoft Teams meeting</i> Join on your computer or mobile app Click here to join the meeting Or call in (audio only) +1 941-263-1518, 47146976# United States, Sarasota <i>Phone Conference ID: 471 469 76#</i>
Submission of Written Questions	May, 10, 2022 by Noon, via email to: Providers.bbhc@cariskpartners.com
Posting of Responses to Written Questions	May 13, 2022
Deadline for Receipt of RLI Responses	May 31, 2022 by Noon at: Electronic Submission Via email to Providers.bbhc@cariskpartners.com
Interviews/ Reviewer’s Meeting	Friday, time to be determined Virtually through Microsoft Teams TBD
Contract Negotiations	Tuesday, June 14, 2022
Recommendation of Selected Provider to Board of Directors	Thursday, June 16, 2022
Contract Start Date	July 1, 2022

XV. TERMS OF AGREEMENT

The initial term of service for contracts awarded under this procurement is July 1, 2022, through June 30, 2023. At the sole discretion of BBHC, optional renewals 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.



XVI. 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.

XVII. 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 May 2, 2022, until the posting of award notice on June 17, 2022. Violation of this provision may be grounds for disqualification from the selection process for this RLI.

XVIII. 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.

XIX. RESOURCES

Department of Children's and Families, Guidance 18 Family Intensive Treatment (FIT) Model Guidelines and Requirements:

<https://www.myflfamilies.com/service-programs/samh/managing-entities/2021/IncDocs/Guidance%2018%20FIT.pdf>

FIT