



BIG BEND COMMUNITY BASED CARE, INC.

Request for Proposals

#03-2018

Mobile Response Teams

for the period

9/1/2018 to 6/30/2019

Closing Date: August 15, 2018

3:00 P.M. EST

Contact Person:

Chris Meadows, Director of Contract Administration

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Mobile Response Teams in the Northwest Florida Region

Request for Proposal

For the 2018-2019 fiscal year, the sums of \$18,300,000 in recurring funds are appropriated from the General Revenue Fund to the Department of Children and Families to competitively procure proposals for additional mobile response teams to ensure reasonable access among all counties. The Department shall consider the geographic location of existing mobile response teams and select providers to serve the areas of greatest need. Pursuant to Section 48 of the Marjory Stoneman Douglas High School Public Safety Act (Senate Bill 7026), the Managing Entity must competitively procure a mobile response team for each location specified by the Department.

I. Staffing Requirements

- A. Mobile Response Teams are multi-disciplinary teams of behavioral health professionals and paraprofessionals with specialized crisis intervention and operations training.
- B. Staffing must be sufficient to respond within 60 minutes to new requests and to provide continued crisis stabilization and care coordination services as indicated for up to 72 hours.
- C. Mobile Response Teams must include access to a board-certified or board-eligible psychiatrist or Psychiatric Nurse Practitioner to provide:
 - 1. Phone consultation to the team within 15 minutes of a request from Mobile Response Team; and
 - 2. Face-to-face appointments with the individual within 48 hours of a request if the individual has no existing behavioral health services provider.

II. Professional Qualifications and Primary Responsibilities

A. Team Leader

The team leader must be a licensed master's level mental health professional with a minimum of one (1) year experience and/or training in crisis behavioral health services. This position coordinates the crisis counseling response at the local level, provides on-site direction and supervision of the team's intervention services, is responsible for program implementation and team reporting, and conducts team debriefings.

B. Crisis Counselor

The crisis counselor must be a bachelor's level mental health professional with training and experience in crisis intervention. With clinical supervision from team leader, this position conducts assessments, provides intervention services, engages individuals and families in the crisis planning process, develops safety plans or individual care plans, facilitates stabilization and care coordination services post-acute intervention, provides supportive crisis counseling,



education and development of coping skills and linkage to appropriate resources, while assessing and referring individuals who are in need of more intensive mental health and substance abuse treatment to appropriate community resources. The crisis counselors who provide assessment and referral services shall be knowledgeable about local resources and work diligently to engage community organizations.

C. Peer Navigator/Recovery Coach

The peer navigator position requires a minimum high school diploma or equivalent and certification. This position provides outreach, basic support, support counseling, education and referrals, ongoing coordination following the crisis assessment and stabilization, assists with navigation to resources to meet a wide range of physical, structural, or economic needs and a warm handoff to services.

III. Service Eligibility

Mobile Response Teams shall serve both adults and children. Immediate intervention is needed to attempt to stabilize the individual's condition safely in situations that do not require an immediate public safety response. Intervention is warranted when a crisis significantly interferes with the ability to function and is severe enough to place the individual at a risk for placement disruption or treatment in higher levels of care. The clinical threshold for crisis may include aggressive behaviors; suicide attempts/ideation; drug and alcohol overdose or abuse; or disruptive symptoms related to mood and anxiety disorders (e.g., panic, hopelessness, anger, depression), escalating behavior (s) and, without immediate intervention, the individual is likely to require a higher intensity of services. It may also present as an overt change in functioning, or be prompted by traumatic life events.

IV. Service Elements, Delivery and Availability

Mobile Response Teams provide on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools, shelters and emergency rooms. Services include evaluations and assessments, development of safety or crisis plans, provide or facilitate stabilization services, supportive crisis counseling, education, development of coping skills, and linkage to appropriate resources, while assessing and referring those members of the community who are in need of more intensive mental health and substance abuse treatment to appropriate community resources. Assessments include elements such as mental status exams, crisis precipitants, risk and safety issues, and individual/family strengths and resources. Include behavioral health, functional, and risk assessments to evaluate the potential risk an individual poses to him or herself and to others, and to identify crisis precipitants (e.g., psychiatric, educational, social, or environmental factors that may have triggered the crisis).

At minimum, the Mobile Response Team shall be available for administrative business Monday through Friday between 9:00 a.m. and 5:00 p.m., local time, and available 24 hours per day, 7 days per week for referral response. On-call services shall be available nightly between 10PM and



7AM. A 24 hour per day, 7 days per week Crisis Hotline staffed by a trained and qualified specialist, shall be available as the primary referral portal for Mobile Response Team services.

Mobile Response Team services may be provided up to a 72 hour period after the initial contact, during which the mobile response team providers deliver immediate and direct clinical intervention, either in person or telephonically. Mobile Response Team services may include ongoing coordination during the 72-hour period following the crisis assessment and stabilization intervention to facilitate “warm hand-offs” to community services, and other follow-up supports. Mobile Response Teams must be dispatched to the location of a crisis with a target response time of one hour from the time of the call. Mobile Response Teams shall coordinate, and work in collaboration for, in person services with law enforcement to provide additional safety, when appropriate and necessary.

V. Service Areas

Each Mobile Response Team will be responsible for the entire circuit in which it submits a proposal for. The breakdown is as follows:

- 1. Circuit 1: Escambia, Okaloosa, Walton, and Santa Rosa Counties.**
- 2. Circuit 2/3: Franklin, Jefferson, Leon, Gadsden, Wakulla, Madison, Taylor, and Liberty Counties.**
- 3. Circuit 14: Bay, Gulf, Washington, Jackson, Calhoun, and Holmes Counties.**

The budget shall not exceed amounts for Fiscal Year 2018-2019 are as follows:

- 1. Circuit 1: \$1,684,846**
- 2. Circuit 2/3: \$1,471,665**
- 3. Circuit 14: \$1,124,192**

Respondents should concisely answer the following questions and submit a budget in a written format, not to exceed ten (10) pages (not including the budget and personnel detail), by 3:00 p.m. EST, Wednesday, August 15, 2018. Proposals should be submitted electronically to Chris Meadows, Director of Contract Administration at chris.meadows@bigbendcbc.org.

Questions to be Answered:

1. How would the Respondent ensure the Mobile Response Unit Staffing requirements are met?
2. How would the Respondent ensure the Mobile Response Team would respond to a report within sixty (60) minutes?
3. How would the Respondent ensure the Mobile Response Team will be able provide continued crisis stabilization and care coordination services as indicated for up to 72 hours?
4. How would the Respondent ensure the Mobile Response Team includes access to a board-certified or board-eligible psychiatrist or Psychiatric Nurse Practitioner to provide phone consultation to the team within 15 minutes of a request from Mobile Response Team, and Face-



to-face appointments with the individual within 48 hours of a request if the individual has no existing behavioral health services provider?

5. How would the Respondent determine eligibility and the immediacy of the response and/or need of services of the adult or child?
6. How would the Respondent structure the Mobile Response Team to satisfy the required service elements, delivery, and availability in Section IV above?
7. What community partnerships would you seek to develop regarding implementation of the Mobile Response Team?

Evaluation Criteria:

1. Thoroughness and reasonableness of the approach to ensure the Mobile Response Unit Staffing requirements are met.
2. Thoroughness and reasonableness of the approach to ensure the Mobile Response Team would respond to a report within sixty (60) minutes.
3. Thoroughness and reasonableness of the approach to ensure the Mobile Response Team will be able provide continued crisis stabilization and care coordination services as indicated for up to 72 hours.
4. Thoroughness and reasonableness of the approach to ensure the Mobile Response Team includes access to a board-certified or board-eligible psychiatrist or Psychiatric Nurse Practitioner to provide phone consultation to the team within 15 minutes of a request from Mobile Response Team, and Face-to-face appointments with the individual within 48 hours of a request if the individual has no existing behavioral health services provider.
5. Thoroughness and reasonableness of the plan to determine eligibility and the immediacy of the response and/or need of services of the adult or child.
6. Thoroughness and reasonableness of the plan to Respondent structure the Mobile Response Team to satisfy the required service elements, delivery, and availability.
7. Previous documented experience with rapid response and crisis intervention.

Schedule of Events and Deadlines:

Activity	Date	Time Eastern	Address
RFP advertised and released on BBCBC's website	August 10, 2018	12:00 PM (EST)	BBCBC Competitive Procurement: https://www.bigbendcbc.org/about-us/competitive-procurements
Replies must be received by BBCBC:	August 15, 2018	3:00 PM (EST)	Chris Meadows Director of Contract Administration Chris.meadows@bigbendcbc.org
Evaluation Period	August 16, 2018 through August 17, 2018	N/A	N/A



Activity	Date	Time Eastern	Address
Anticipated Negotiation Period:	August 20, 2018 through August 22, 2018	N/A	Big Bend Community Based Care 525 N. Martin Luther King Jr. Blvd Tallahassee, Florida 32301
Anticipated posting of Intended Contract Award:	August 23, 2018	N/A	BBCBC Competitive Procurement: https://www.bigbendcbc.org/about-us/competitive-procurements
Anticipated Effective Date of Contract:	September 1, 2018	N/A	N/A

General Information:

This Request for Proposal (RFP) does not commit Big Bend Community Based Care, Inc. to award a subcontract or to pay any costs incurred in the preparation or submission of response or costs incurred in making necessary studies for the preparation thereof or to procure or contract for services or supplies.

BBCBC reserves the right to reject any or all responses to this RFP and to negotiate with any of the respondents in any manner deemed to be in the best interest of BBCBC.

BBCBC reserves the right to withdraw the RFP, add new considerations, information or requirements at any stage of the procurement process and to reject the response of any organization that has previously failed to perform properly or failed to perform in a timely manner in subcontracts of a similar nature, or who, in the opinion of BBCBC, is not in a position to perform or is not sufficiently qualified to perform the subcontract.

The funding for this proposal may contain federal monies and as such the awardee may be required to comply with provisions of the Uniform Grant Guidance, 2 Code of Federal Regulation 200.

This RFP contains no contractual proposal of any kind; any response submitted will be regarded as a response to the RFP and not as an acceptance by the respondent of any proposal by BBCBC. No contractual relationship will exist except pursuant to a written subcontract document signed by the authorized official of BBCBC and by the successful respondent(s) chosen by BBCBC.