THRIVING MIND
SOUTH FLORIDA®
A network of exceptional mental health and substance use treatment providers.

Invitation to Negotiate # 015

MOBILE RESPONSE TEAM FOR MIAMI-DADE COUNTY

Release Date: August 22, 2022
Time: 5:00 P.M. [E.S.T.]

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Invitation to Negotiate #015
Mobile Response Team
For Miami-Dade County

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INVITATION TO NEGOTIATE #015
Mobile Response Team for Miami-Dade County

SECTION I: INTRODUCTION

A. STATEMENT OF NEED

Thriving Mind solicits applications from its pre-qualified agencies to implement a Mobile Response Team(s) ("MRT") in Miami-Dade County that provides service coverage in four (4) county quadrants (North, South, East, and West). Pre-qualified Network Providers must demonstrate expertise in providing crisis behavioral health treatment services to children and adults. MRTs will provide readily available crisis care in a community-based setting and increase opportunities to stabilize individuals in the least restrictive setting to avoid the need for jail or hospital/emergency department utilization.

Applicants who are selected to provide MRT services in Miami-Dade County will have to follow both **Appendix A, Guidance Document 34, Mobile Response Team,** dated August 1, 2022, or latest revision thereof and **Appendix B, Thriving Mind South Florida Mobile Response Team Requirements.**

Pre-qualified agencies are defined as:

1. Current contracted network applicants;
2. Organizations with a current pre-qualification status by Thriving Mind Request for Qualification Process.

B. BACKGROUND

The Marjory Stoneman Douglas High School Public Safety Act, Ch. 2018-3, Laws of Florida, created a statewide network of MRTs. The Florida Legislature appropriated recurring funds to ensure reasonable access to MRT services in all Florida counties. In 2020, s. 394.495, F.S., to include MRTs in the child and adolescent array of services and outlined programmatic requirements included herein.

C. METHOD OF PROCUREMENT FOR SERVICES

Thriving Mind has selected the Invitation to Negotiate (ITN) as the method of solicitation to procure this project. The ITN is a competitive solicitation for competitive sealed replies which uses both written submissions and subsequent competitive negotiations to determine the best value for the state, Thriving Mind, the community, individuals served and the successful network applicant. As part of the ITN process, Thriving Mind evaluates the prices and services offered, community needs, geographic distribution of services, prior work performance with Thriving Mind, quality of services, and the qualifications and capabilities of the network applicants to satisfactorily meet the need for services.

D. TERM OF THE CONTRACT

This is a recurring project with an anticipated start date of **November 01, 2022,** and ending on **June 30, 2023**, subject to the availability of funds. Renewal of the contract shall be contingent upon satisfactory performance, monitoring and evaluations as determined by Thriving Mind and subject to the availability of funds.

Thriving Mind reserves the right to renegotiate terms and conditions in the awarded contracts to expand the scope of work and to use the collective knowledge and experience of Thriving Mind staff, data, evaluation, and other information to ensure the best terms for service provision.

Selected applicant shall ensure that services are performed in accordance with Thriving Mind prime contract (Contract KH225 available for viewing at: https://thrivingmind.org/applicant/contracts) the applicable state and federal rules, statutes, licensing standards, DCF and Thriving Mind operating procedures, as applicable.

E. FUNDING

The projected annualized recurring funding for the Mobile Response Team for Miami-Dade County is approximately **$4,150,000.00** total at $ **1,037,500.00** per Team.

F. BUDGETING

Applicants are to prepare a cost reimbursement budget along with a budget narrative using **Appendix F, Cost Reimbursement Budget and Budget Narrative**. The link provided below describes the **Cost Reimbursement Method of Payment:** https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65E-14

Additionally, applicants must complete **Appendix E, Fiscal Forms (Excel workbook)** with instructions provided in the form.

G. METHOD OF PAYMENT FOR SERVICES

The method of payment for these services will be a hybrid payment method of cost reimbursement and fee-for-service in accordance with Rule 65E-14, Florida Administrative Code.

H. SERVICE DATA REPORTING

All service data will be submitted to Thriving Mind to the designated data system, in accordance with the **Financial and Services Accountability Management System (FASAMS)** latest pamphlet, or any other designated data system. Additionally, applicants will be required to submit reports identified in **Appendix A, Guidance Document 34 Mobile Response Team (MRT)** dated August 1, 2022, or latest revision thereof, **and Appendix B, Thriving Mind Mobile Response Team Requirements**. Thriving Mind reserves the right to request any additional reporting before, during, or after contractual negotiations and execution.

SECTION II. PROGRAMMATIC OVERVIEW

A. MOBILE RESPONSE TEAM SERVICE DELIVERY

In accordance with **Appendix A, Guidance Document 34, Mobile Response Team (MRT),** dated August 1, 2022, or latest revision thereof or latest revision thereof, **and Appendix B, Thriving Mind Mobile Response Team Requirements,** MRTs must provide on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools and emergency rooms. MRTs are multi-disciplinary teams of behavioral health professionals and paraprofessionals with specialized crisis intervention and operations training. Mobile response services are ***available 24/7 with the ability to respond within 60 minutes*** to new requests. MRT staff are expected to triage calls in order to determine the level of severity and prioritize calls that meet the clinical threshold required for an in-person response.

MRTs must follow the prescribed minimum staffing pattern referenced in **Appendix B, Thriving Mind Mobile Response Team Requirements**. Best practice suggests these professionals play a vital role to stabilize the crisis until the individual is connected to a behavioral health services applicant for ongoing services, if necessary. For example, these professionals can provide:

a) Phone consultation to the team within 15 minutes or shortly after a request from an MRT, and

b) Face-to-face or telehealth appointments with the individual within 48 hours of a request if the individual has no existing behavioral health services applicant.

Services include evaluation and assessment, development of safety or crisis plans, providing or facilitating stabilization services, supportive crisis counseling, education, development of coping skills, linkage to appropriate resources and connecting those individuals who need more intensive mental health and substance abuse services to appropriate Network Service Providers. They facilitate “warm handoffs” to community services, and other supports.

Once the warm handoff occurs, it is expected that either the crisis has resolved with the intervention of the team, the individual is connected to a community-based applicant who will engage the individual in services, or the individual was assisted with admission to a designated receiving facility. MRTs will need to establish protocols for working with existing care coordination teams for individuals who are not already connected to behavioral health services, for those that are eligible.

To meet community needs, the MRT, in collaboration with system partners, will develop Memorandum of Understandings (MOUs) and/or protocols as described in **Appendix A, Guidance Document 34, Mobile Response Team (MRT),** dated August 1, 2022, or latest revision thereof **and Appendix B, Thriving Mind Mobile Response Team Requirements**, to address response protocols. MRTs are designed to provide immediate intervention to attempt to stabilize the individual’s condition safely in situations that do not require an immediate public safety response, prevent unnecessary hospitalizations, manage appropriate levels of risk and provide timely access to assessment and evaluation in a wide array of settings. Intervention is warranted when a crisis significantly interferes with the ability to function and is severe enough to place the individual at a risk of disruption of services or living environment.

The clinical threshold for crisis may include aggressive behaviors; suicide attempts/ideation; drug and alcohol overdose or abuse; or disruptive symptoms related to thought, 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. Mobile Response Teams must coordinate in- person services with law enforcement to provide additional safety, when appropriate and necessary.

The MRT applicant will need to be well connected to the local behavioral health system of care. This includes being familiar with the community resources, services, and supports available to the individuals and families they serve. When the crisis assessment indicates a need for additional services, MRTs need to be positioned to facilitate a warm handoff to the right service at the right time.

Telehealth is an important asset for increasing the capacity of MRTs especially in rural areas, geographically large counties, or urban areas where congested traffic patterns make meeting

the 60- minute response time a challenge. Telehealth can be used to provide direct services to individuals via video-teleconferencing systems, mobile phones, and remote monitoring. It can also be used to provide assessments and follow-up consultation as well as initial triage to determine if an in-person visit is needed to respond to the crisis call.

At minimum, the Mobile Response Team shall be available for administrative business, outreach, and community activities Monday through Friday between 9:00 a.m. [EST] and 5:00 p.m. [EST] local time, and available 24 hours per day, 7 days per week, including holidays, for crisis response.

A 24 hour per day, 7 days per week Crisis Hotline staffed by a trained and licensed mental health clinician, 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 applicants deliver immediate and direct clinical intervention, either in person telephonically or via telehealth. Mobile Response Team services may include ongoing coordination during the 72-hour period following the crisis assessment and stabilization intervention to facilitate "warm handoffs" to community services, and other follow-up supports.

Refer to **Appendix A, Guidance Document 34, Mobile Response Team (MRT),** dated August 1, 2022, or latest revision thereof**, and Appendix B, Thriving Mind Mobile Response Team Requirements** for service delivery and reporting requirements.

B. THRIVING MIND REQUIREMENTS

The contracted agency will not only be responsible for adhering to the **Guidance Document, 34 Mobile Response Team (MRT),** dated, August 1, 2022, or latest revision thereof**,** but must also abide by the requirements described in **Appendix B, Thriving Mind Mobile Response Team Requirements**.

SECTION III: GENERAL PROCESS AND APPLICATION INSTRUCTIONS

A. PROCUREMENT MANAGER

This application is issued by Thriving Mind. Applicants shall limit their contact regarding this ITN to the Procurement Manager. For normal day to day transactions and unrelated to this ITN, the applicant, if a current contracted Network Applicant, may continue to communicate with other Thriving Mind staff. Violation of this provision may result in applicant being disqualified from this procurement. Thriving Mind will be the sole party which makes the determination as to whether the applicant will be disqualified. The Procurement Manager for communication regarding this ITN is:

Stephanie Feldman, Thriving Mind Procurement Manager
7205 Corporate Center Drive – Suite 200
Miami, Florida 33126
(305) 858-3335
E-mail: sfeldman@thrivingmind.org

B. INQUIRIES

All inquiries from applicants shall be submitted in writing, via e-mail only, to the Procurement Manager (s) listed above and below and received on or before the date according to the dates and times specified in Section III. Schedule of Activities and Important Timelines. Phone calls are not permitted. The subject line must state: **THRIVING MIND PROCUREMENT ITN #015 – MOBILE RESPONSE TEAM FOR MIAMI-DADE COUNTY – INQUIRY** and the e-mail must include the name of the entity inquiring, name of individual, contact information with email address and phone number. The salutation of the email must state the name of Stephanie Feldman. The question (s) must be clear and the content related to the ITN. All written inquiries shall be sent to:

ATTENTION: Stephanie Feldman, Thriving Mind Procurement Manager
E-mail: sfeldman@thrivingmind.org

Inquiries regarding this ITN can only occur with the individual(s) identified above. The type of communication during this period is limited by the open solicitation. Discussions with other staff/employees of Thriving Mind may render the applicant having the discussion ineligible for funding. If, however, the applicant has business unrelated to this solicitation with Thriving Mind, those discussions may take place with Thriving Mind staff at any time.

Thriving Mind will not extend the deadline due to technical glitches. Applicants are encouraged to submit their inquiries at least forty-eight (48) hours in advance of the deadline in order to avoid any such complications.

C. RESPONSES TO INQUIRIES

Copies of the responses to all inquiries and clarifications and/or additional information from the questions will be made available through electronic posting on the Thriving Mind website: www.thrivingmind.org as specified in Section III. Schedule of Activities. Other information as updated will be posted in the form of addenda on the Thriving Mind website.

It is the responsibility of the prospective applicant to regularly check the Thriving Mind website for addenda, notices of decisions, and other information or clarifications to this solicitation.

D. CONE OF SILENCE

The Cone of Silence prohibits direct communication regarding this procurement between applicants and applicant's representatives, and certain Thriving Mind staff and Board of Director members during the period in which the Cone of Silence is in effect. Applicants shall limit their contact regarding this bid to the Procurement Manager listed in Section III.A, Procurement Manager. The Cone of Silence begins the date and time that this solicitation is released, as per Section III., Schedule of Activities, and shall remain in effect until an award is made, a contract is approved, or Thriving Mind takes any other action which ends the bid process. If the Cone of Silence is breached, Thriving Mind, at its sole discretion, may disqualify the applicant. The Cone of Silence only relates to this procurement. For regular day to day transactions, network applicants may continue to communicate with Thriving Mind staff.

E. VENDOR SOLICITATION CONFERENCE

Thriving Mind **will not** host a Vendor Solicitation Conference for this bid but will respond to written inquiries as described in Section C, above. The official responses will be posted on the Thriving Mind website by the date and time specified in Section III., Schedule of Activities.

F. LETTERS OF SUPPORT AND MEMORANDUMS OF UNDERSTANDING

Applicants may submit letters of support from appropriate community entities. These may include Jewish Community Services as the 211 and 988 Provider, the Miami-Dade County School District, and Municipal Police Departments or Miami-Dade County Police Department. Each letter of support submitted will be worth five (5) points towards the applicant's overall score. Applicants can only score up to twenty (20) points in this category. Successful applicants must also establish a Memorandum of Understanding (MOU) with these entities within 45 days of a fully executed contract with Thriving Mind.

G. POSTING

All notices, decisions, intended decisions, and other matters related to this solicitation will be electronically posted on the Thriving Mind website located at www.thrivingmind.org.

Any clarifications or addenda to this ITN and copies of written responses to questions resulting in clarifications or addenda to this ITN will be electronically posted on the Thriving Mind website. **It is the responsibility of prospective applicants to check the website for addenda or clarifications to this solicitation**.

H. FORMATTING INSTRUCTIONS FOR THE RESPONSES

1. The narrative responses must be typed, single-spaced, on 8.5 x 11 paper, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font.
2. The total number of pages allowed for the narrative shall not exceed the maximum

number of pages specified in Section IV., Questions and Narrative Responses. Pages must be numbered in a logical, consistent fashion.

3. Budgets, timelines, job descriptions, copies of licenses/certifications, letters of support, and any other supporting documentation referenced in your narrative responses must be listed in the Table of Content and numbered accordingly. These documents do not have a page limit.
4. Failure to meet these requirements will deem the application to have a fatal flaw and the application will be rejected and disqualified for further consideration for this ITN.

I. INSTRUCTIONS FOR SUBMISSION OF THE APPLICATION

1. Applications are to be submitted electronically via e-mail by the date and time as specified in Section III., Schedule of Activities. A receipt will be provided to the individual as verification of submission. Applications received after the deadline will be deemed to have a fatal flaw and the application will be disqualified.

   It is the responsibility of the applicant to ensure that the application is received by Thriving Mind by the deadline. Applicants are encouraged to submit in advance of the due date. Thriving Mind will not be held responsible for undelivered applications due to computer glitches from the sender's system. Thriving Mind highly recommends contacting the Procurement Manager when experiencing system issues to documents good faith attempt to submit the application on time and to determine next steps.

2. One (1) electronic copy, submitted via e-mail.

3. The signed Applicant Cover Page, as provided in Section V, must be included with every application. Applications submitted without a Cover Page will automatically be considered a fatal flaw and the application will be disqualified and rejected.

4. Mandatory Non-Binding Letter of Intent to Apply: Applications must include a copy of the required non-binding Letter of Intent. This letter does not imply that the applicant must apply but it is a requirement to consider the application in the review process and will be considered a fatal flaw. A copy of the e-mail confirmation of receipt of the Letter of Intent by the Procurement Manager must be included in application. It is the responsibility of the prospective applicant to ensure that the letter was electronically submitted and received by Thriving Mind.

5. Letters of Support; applicants may submit up to three (3) letters of support from the following entities: Jewish Community Services the 211 and 988 Provider, the Miami-Dade County School District, and Municipal Police Departments or Miami Dade County Police Department.

6. Table of Content must be included with the application. Failure to include a Table of Content with the application will automatically be considered a fatal flaw and the

application will be disqualified and rejected.

7. An agency Organizational Chart (Table of Organization) with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding. Failure include an agency Organizational Chart will be considered a fatal flaw and the application will be disqualified and rejected.

8. Applicants must submit **Appendix E**, **Fiscal Forms**, see **Section IV., D. Budget** for additional requirements. Failure complete **Appendix E** will be considered a fatal flaw and the application will be disqualified and rejected.

9. Applicants must submit **Appendix F, Cost Reimbursement Budget and Budget Narrative**, see **Section IV., D. Budget** for additional information. Failure complete **Appendix F** will be considered a fatal flaw and the application will be disqualified and rejected.

10. Applicants must provide a response to **Appendix D, Crisis Scenario**. Failure complete **Appendix D** will be considered a fatal flaw and the application will be disqualified and rejected.

11. An Implementation Plan detailing the steps the applicant will take to establish the four (4) MRT Teams by January 1, 2023, must be included in the application packet. This plan must include specific implementation goals and objectives, steps require for accomplishing these goals, timeframes and dates, and staff responsible for completing these items. Failure to submit an implementation plan will be considered a fatal flaw and the application will be disqualified and rejected.

12. Applicants who have closed Corrective Action Plans (CAP) issued by Thriving Mind, must include any letters provided by the Thriving Mind Continuous Quality Improvement (CQI) Department. Applicants who have had CAPs within the last two years must include copies of their CAPs whether open or closed.

Not submitting the application as stated above will be deemed a fatal flaw and the application may be disqualified and rejected.

The application(s) must be e-mailed to the Procurement Manager between 9:00 AM and 4:00 PM on or by the dates and time specified in Section III. Schedule of Activities.

ATTENTION: Stephanie Feldman, Thriving Mind Procurement Manager

E-mail: sfeldman@thrivingmind.org

J. ACCEPTANCE/REJECTION OF APPLICATIONS

1. Application Deadline

All application timelines must be adhered to for consideration in each stage: Non-binding required Letter of Intent, Technical Review, and Substantive Review. **Substantive Review applications shall be irrevocable until contract award unless the application is withdrawn. An application may be withdrawn in writing only, addressed to the Procurement Manager, Stephanie Feldman, prior to the opening date or upon the expiration of 90 calendar days after the opening of the applications.** Thriving Mind at its sole discretion may allow an applicant to remove an application after the opening date listed in Section III. Schedule of Activities but is under no obligation to do so.

2. Receipt Statement

A confirmation receipt of the application will be provided to the individual who delivers the application package by the Procurement Manager or by the designated Thriving Mind representative. Proposals received after the deadline will be considered a fatal flaw and the application will be disqualified and rejected. It is the sole responsibility of the applicant to ensure that the proposal was received on time by the Procurement Manager or by the designated representative.

3. Right to Reject Responses

At its sole discretion, Thriving Mind reserves the right to reject all responses received with respect to this ITN at any time even after an award. Responses not received according to the instructions of this ITN will be considered a fatal flaw and the application will be disqualified and rejected. Responses received after the deadline will be disqualified and rejected. For application submitted after the deadline, Thriving Mind will retain the original electronic application.

4. Right to Waive Minor Irregularities

At its sole discretion, Thriving Mind reserves the right to waive minor irregularities when to do so is in the best interest of the community and/or Thriving Mind. At its sole discretion, Thriving Mind may allow an applicant to correct minor irregularities but is under no obligation to do so.

Thriving Mind may, at its sole discretion, reject all responses even after awarded; accept parts of any response; further negotiate project scope (s) and budget (s); postpone or cancel at any time (even after an award) this ITN process; or waive minor irregularities in this ITN. Thriving Mind reserves the right to request and evaluate additional information from any applicant after the submission deadline as Thriving Mind deems necessary.

5. Request Additional Information

Thriving Mind reserves the right, at its sole discretion, to request from the applicant additional information as deemed necessary to more fully evaluate the proposal but is in no obligation to do so.

6. Right to Amend, Postpone or Withdraw ITN

At its sole discretion, Thriving Mind reserves the right to amend, postpone and/or withdraw the ITN for any reason whatsoever, without incurring any liability for costs and damages incurred by any applicant. Any changes to the procurement document or process shall be noticed on the Thriving Mind website. It is the responsibility of interested applicants to visit the website regularly for updates.

K. APPLICANT DISQUALIFICATION – THRIVING MIND CONTRACTED AGENCIES

In addition to other criteria set forth in this solicitation, failure of the applicant, or declared partners in this solicitation response, to have performed any previous or current contractual obligations with Thriving Mind in a manner unsatisfactory to Thriving Mind will be sufficient cause for disqualification or termination. It is the responsibility of the applicant to note any issues, including but not limited to open corrective action, related to contractual obligations with Thriving Mind to identify those issues. To be disqualified as an applicant under this provision, the applicant must have:

1. Previously failed to satisfactorily perform in a contract with Thriving Mind, been notified by Thriving Mind of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of Thriving Mind;

2. Documented lack of performance;

3. Had a contract terminated by Thriving Mind for cause.

L. APPLICATION REVIEW PROCESS

Each application will be reviewed to determine if it is responsive to this solicitation and the most advantageous to Thriving Mind, the community, and the intended target population. All eligible applications will be processed through a three-step review process:

1. **Phase I: Technical Review –** The evaluation procedure for this ITN is divided into a two-step process. In Phase I, the Procurement Manager in conjunction with other Thriving Mind staff will review all applications for compliance with all the requirements. The criteria are listed in **Section III., Paragraph S., Fatal Flaw Criteria – Technical Review**.

2. **Phase II: Substantive Review -** Applications that meet all the Phase I criteria requirements will move to Phase II (Substantive Review) of the process, the review of the application by the evaluation team (synonymous with “reviewers”).

During the evaluation of the applications in either the Technical Review or the Substantive Review phases of this ITN, Thriving Mind at its sole discretion may request that any applicant provide additional information or documentation. Any opportunities for cure will be provided to the applicant in writing by the Procurement Manager. Thriving Mind is under no obligation to request further clarification from any applicant for any part of the application.

3. **Phase III: President/CEO and Executive Management (Executive Team) review and recommendation for contract negotiations** – The scores, comments, and recommendations provided by the evaluation team will be presented to the Thriving Mind Executive Team. The Thriving Mind Executive Team will consider other factors such as but not limited to, past and current performance of the applicant, financial stability of the applicant organization, current or closed correction action plans, report cards, the demonstrated ability to achieve the desired goals and outcomes as described in the applicant's responses, whether the proposed program will be the most advantageous to the community and the intended target population, before presenting the final recommendation for contract negotiations to the Executive Committee of the Board. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

An appeal/protest may not challenge the results of the evaluation criteria and determination of sufficiency to proceed for review in the Substantive Review by Thriving Mind in the Technical Review.

M. EVALUATION AND SCORING OF APPLICATIONS

Reviewers will be provided with a copy of the assigned applications and the scoring sheets. Reviewers are expected to exercise independent judgement when evaluating each application. Evaluators will document the applicant's responses to the questions in the bid; identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the project, and whether the project presents the best value to the community.

The table below provides a guide for reviewers in assigning overall scores and individual criterion scores.

Each review criterion should be assessed based on the strength of that criterion in the context of the work being proposed.

The entire scale (1-9) should always be considered. The scale below must be used for all criteria except when scoring Letters of Support and the Crisis Scenarios. The Letters of Support and the Crisis Scenario section carry their own distinct scoring as described in this section.

Overall Impact or Criterion Strength	Scoring Scale	Descriptor
Low	**1**	**Poor**
	2	**Marginal**
	3	**Fair**
Medium	**4**	**Satisfactory**
	5	**Good**
	6	**Very Good**
High	**7**	**Excellent**

	8	Outstanding
	9	Exceptional

Letters of Support: Applicants may provide letters of support from specific community entities which include Jewish Community Services 211 and 988, Miami-Dade County School District, and Municipal Police Departments or Miami-Dade County Police Department. Each letter is worth five (5) points and only letters from these entities may be accepted. Providers can only score up to 15 points for letters submitted, meaning they may only provide a total of three (3) letters to obtain the full amount.

Crisis Scenario: Applicants must complete Appendix D, Crisis Scenario. Reviewers may score up to thirty (30) points in this category depending on the response given. Applicants must provide answers to the questions listed in Appendix D, but also must provide an adequate and realistic description of how their team will answer a crisis call of this nature.

The Scale below should be considered for reviewing the Crisis Scenario:

Responses	Scoring Scale	Descriptor
The applicant's response to the crisis event did not provide a clear and effective step-by-step process and did not address how the team would engage, assess, and provide a warm handoff. The applicant did not provide a logical framework for follow-up after engagement. The applicant does not have experience in offering Peer Services. The applicant has no community relationships with other organizations to coordinate linkage to care.	**1-10**	**Poor**
The applicant's response showed a clear step-by-step process of how to engage, assess, and provide a warm hand-off to individuals seeking MRT services. The applicant demonstrated some understanding of how to provide follow-up for the individual seeking assistance. The applicant has some experience with offering Peer Services but may not have a solid program structure in place. The applicant addressed some of the individual's needs but not all. The applicant may have built some relationships in the community, but they may be	**11-20**	**Good**

limited or irrelevant to services needed.		
The applicant demonstrated the agency's knowledge and ability to provide a clear, structured, and logical step-by-step process that described in detail how the team would engage, assess, and provide a warm hand-off. The applicant demonstrated their strength and experience in providing follow-up after engagement, how the agency would address current needs, and how they would link individuals seeking services to community organizations. The applicant has several Peer Specialists staffed at their agency and an extensive Peer Service Program. The applicant as established MOUs in place with several agencies to coordinate linkage to care.	**21-30**	**Exceptional**

If deemed necessary by the evaluators, the evaluators will have the option to request additional clarifications from applicants to better understand key elements of the proposed project and/or (2) request a formal presentation by the applicant, (3) submit questions that the Thriving Mind staff can ask the applicant to better understand key elements of the proposed project.

The Procurement Manager will provide the results of the scores to the Thriving Mind President/CEO and Executive Management (Executive Team) for review. The Thriving Mind Executive Team will consider other factors such as but not limited to, past and current performance of the applicant, financial stability of the applicant organization, current or closed corrective action plans, report cards, and other factors before presenting the final recommendation for contract negotiations to the Executive Committee of the Board. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

N. SELECTION OF QUALIFIED APPLICANTS FOR NEGOTIATION

The Procurement Manager will present the scoring, comments, and recommendations of the Evaluation Team to the Executive Team for their consideration. The Executive Team will consider the following conditions before presenting their recommendation for contract negotiations to the Executive Committee of the Board or the Board of Directors:

1) past and current performance of the applicant,
2) financial stability of the applicant organization,
3) current or closed correction action plans,
4) report cards,
5) the demonstrated ability to achieve the desired goals and outcomes as described in the applicant's responses,
6) whether the proposed program will be the most advantageous to the community and the intended target population,

The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

O. RECOMMENDATION OF CONTRACT AWARD

The Executive Team will present the recommendation for contract award to the Executive Committee of the Board or the Board of Directors. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation.

P. NOTICE OF CONTRACT AWARD

The resulting contract shall be awarded to the responsible and responsive qualified applicant whose application is determined to be the most advantageous to Thriving Mind, the community and the target population.

Q. PROTESTS

Protests are limited to procedural grounds.

Protests will not be entertained during the Technical Review process that determines sufficiency to enter into contract with SFBHN or on decisions made by SFBHN or its Board of Directors.

SFBHN provides a process for protests related to solicitations.

An applicant may file a notice of protest with SFBHN pursuant to this solicitation. With respect to a protest of the terms, conditions, or specifications contained in this solicitation, including any provisions governing the methods for ranking bids, proposals, or replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract, the notice of protest shall be filed in writing within 72 hours (Saturdays, Sundays, and SFBHN holidays excluded) after the posting of the solicitation. The formal written protest shall be filed within 10 calendar days after the date the notice of protest is filed with the Procurement Manager, Stephanie Feldman.

Protests must comply with the SFBHN Protest Policy and Procedure, posted on the SFBHN website: http://www.thrivingmind.org

When protesting a decision, the protestor must post a bond equal to one percent (1%) of SFBHN's estimated contract amount. The bond is not to be filed with the notice of protest but must be filed with the formal written protest within the ten (10) calendar day period for the filing of the formal written protest. The estimated contract amount shall be based upon the contract price submitted by the protestor. If no contract price was submitted, the SFBHN shall provide the estimated contract amount to the protestor within 72 hours (excluding Saturday, Sundays, and SFBHN holidays) after the notice of protest has been filed. The bond shall be conditioned upon the payment of all cost and charges that are adjudged against the protestor in the administrative hearing in which action is brought and in any subsequent appellate court proceeding. Failure to file the proper bond at the time of filing the formal protest will result in a rejection of the protest. In lieu of a bond SFBHN may accept a cashier's check, official bank check, or money order in the amount of the bond. The official hours of operation for receipt of an intent to protest and/or a petition and bond are 8:30 AM to 5:00 PM Eastern Standard Time. Upon receipt of the formal written notice of protest, the contact person must secure the bond until resolution of the protest.

R. SCHEDULE OF ACTIVITIES

Any changes to these activities, dates, times or locations, will be accomplished by addenda. All times refer to Eastern Standard Time.

ACTIVITY	DATE	TIME	INFORMATION
Solicitation released on Thriving Mind website	08/23/2022	By 5:00 P.M. [EST]	Posting on the Thriving Mind website: https://thrivingmind.org/providers/procurement
All written inquires due to Thriving Mind via Email	08/29/2022	By 12:00 P.M. [EST]	E-mail to: sfeldman@thrivingmind.org Attn: Stephanie Feldman, Thriving Mind Procurement Manager Subject Line: ITN #015 – MRT Team – Written Inquiries

Posting of responses to written inquires	09/02/2022	By 5:00 P.M. [EST]	Posted on the Thriving Mind website: https://thrivingmind.org/providers/procurement
Mandatory Non-binding Letter of Intent to Apply	09/05/2022	By 4:00 P.M. [EST]	E-mailed to: sfeldman@thrivingmind.org It is the applicant's responsibility to ensure delivery and receipt of the letter. Subject Line: ITN #015 – MRT Team - Mandatory Non-Binding Letter of Intent to Apply
Applications Due	09/12/2022	Between 9:00 A.M. to 4:00 P.M. [EST]	Attn: Stephanie Feldman, Thriving Mind Procurement Manager, sfeldman@thrivingmind.org
Opportunity to Cure – Submission of Documents	09/15/2022– 09/19/2022	By 12:00 P.M. [EST]	Attn: Stephanie Feldman, Thriving Mind Procurement Manager, sfeldman@thrivingmind.org
Posting of Applicants eligible for Phase II, Substantive Review	09/20/2022	By 4:00 PM [EST]	Posted on the South Florida Behavioral Health Network website: https://thrivingmind.org/providers/procurement
Initial Meeting with the Review Team	09/21/2022	TBD	South Florida Behavioral Health Network 7205 Corporate Center Drive, Suite 200, Miami, FL 33126
Debriefing Meeting with the Review Team	09/30/2022	TBD	South Florida Behavioral Health Network 7205 Corporate Center Drive, Suite 200, Miami, FL 33126

Presentation to Executive Committee by Executive Team	10/12/2022	2:00 P.M. [EST]	Virtually
Posting of Intent to Negotiate	TBD	By 5:00 P.M. [EST]	Posted on Thriving Mind's website: https://thrivingmind.org/providers/procurement
Negotiations begin	TBD	As scheduled	Virtually
Award approval by Board of Directors	11/16/2022	1:00 P.M. [EST]	Virtually
Anticipated posting of intended Contract Award (s)	TBD	By 5:00 P.M.[EST]	Posted on Thriving Mind's website: https://thrivingmind.org/providers/procurement
Anticipated effective date of contract	TBD		TBD

S. SUBMISSION OF THE MANDATORY NON-BINDING LETTER OF INTENT TO APPLY

1. A mandatory non-binding letter of intent to apply must be received by the specific date and time as in Section III. Schedule of Activities in order to continue to Phase II of the bid process. This letter shall be submitted to the Procurement Manager, Stephanie Feldman to the following e-mail address: sfeldman@thrivingmind.org. The Procurement Manager will send an e-mail confirmation of receipt to the applicant. It is the responsibility of the prospective applicant to ensure that the letter was electronically submitted and received by the Procurement Manager.

    a. This letter is a non-binding letter and will not require that the applicant submit an application for this ITN. However, this letter is required for any applicant to be considered for funding through this solicitation. The letter should state:

        i. The name of the organization that is applying with appropriate identifying information: address, telephone number, a contact e-mail address, website address, name of President/CEO/Executive Director, tax ID information, signed by an individual approved to conduct business with Thriving Mind, on the organization letterhead.

        ii. The described intent to submit an application

T. FATAL FLAW CRITERIA – TECHINICAL REVIEW

Below are the criteria the Procurement Manager will review during the Technical Review phase of the bid process:

1. Was the application received by the date and time specified in the solicitation and at the specified address?
2. Was one (1) copy provided electronically?
3. Was a completed Cover Page included in each binder and was the original signed Cover Page (**found in Section V.**)?
4. Was the Mandatory Non-Binding Letter of Intent to Apply along with Thriving Mind e-mail confirmation submitted?
5. Was the Table of Content included in each of the submissions?
6. Did the application adhere to the formatting requirements specified in the bid?
7. Did the applicant adhere to the page limitation requirements?
8. Did the applicant submit an agency Organizational Chart (Table of Organization) with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding?
9. Did the applicant submit a response to **Appendix D, Crisis Scenario**?
10. Did the applicant submit **Appendix E, Fiscal Forms**?
11. Did the applicant submit a complete **Appendix F, Cost Reimbursement Budget and Budget Narrative?**
12. Did the applicant provide an implementation plan?
13. Did the applicant provide a triage/decision tree or protocols?

An appeal may only challenge a procedural matter related to the competitive procurement. **An appeal may not challenge the results of the evaluation of the Fatal Flaw criteria by Thriving Mind in the Technical Review process.** The Technical Review process determines sufficiency to enter into contract with Thriving Mind.

U. OPPORTUNITY TO CURE

At its sole discretion, Thriving Mind may allow applicants an opportunity to submit documents that were not submitted with the original application but is under no obligation to do so.

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SECTION IV: QUESTIONS AND NARRATIVE RESPONSES

DO NOT EXCEED THE PAGE LIMIT FOR EACH QUESTION/SECTION.

A. TABLE OF CONTENTS (1-page limit)

Applicants must include a Table of Contents, including page numbers, following the structure and required sections of this document.

B. NARRATIVE (Maximum 15 pages)

The narrative portion of the application should be no more than 15 pages (not including the required budget documents and any supporting attachments) and should cover the following:

1. **Abstract**: Provide a description of your agency's history of implementing crisis intervention services.

    a. What are your agency's reasons and motivations to become the MRT provider for Miami-Dade County?

    b. Describe your agency's experience in providing team approach services and how services are coordinated within your agency from intake to discharge.

    c. Does your agency currently offer 24/7 behavioral health services? If so, please provide a description of this service/program and how it is operated, include if community members, or outside agencies, are able to contact your agency outside of normal business hours.

    d. What experience do you have working with children, youth, and adults in the community experiencing a crisis?

    e. Describe your experience with triaging behavioral health crisis calls and your follow up process after an initial crisis intervention. You may submit a copy of your triage/decision tree and/or your protocols as supporting documentation. These attachments will not be counted toward the page limitation. The attachment must be labeled and numbered accordingly.

    f. Explain how you incorporate the framework of a recovery-oriented system of care (ROSC) into your current service delivery?

    g. Describe your agency's knowledge, involvement and/or experience with MRT services.

2. **Capacity/Readiness**: Describe any efforts your agency has already taken to plan for implementing a Mobile Response Team.

    a. What is your agency's organizational readiness for implementing a Mobile Response Team? 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. Describe how you will ensure calls receive the appropriate face-to-face and/or follow-up services if an unforeseen emergency event occurs, e.g. (1) upon arrival on scene, it is determined that poses a danger or a threat to staff, (2) all Licensed Mental Health Clinicians on all four (4) teams are currently serving other individuals, (3) the assigned Licensed Mental Health Clinician has an emergency on route to the scene and is unable to arrive within the 60-minute response timeframe. as described in **Appendix B, Thriving Mind South Florida ("Thriving Mind") Mobile Response Team Requirements, Section P. Call Patterns.**
    d. Describe your CQI process for collecting and monitoring performance outcomes and describe how you will ensure adherence to the performance outputs listed in **Appendix A, Guidance Document 34, Mobile Response Team (MRT)** dated August 1, 2022, or latest revision thereof**,** and the CQI requirements listed in **Section K, Reporting Requirements and Continuous Quality Improvement** in **Appendix B, Thriving Mind South Florida ("Thriving Mind") Mobile Response Team Requirements**.
    e. Describe your agency's warm handoff process. Provide Examples.
    f. How will your agency handle after hours crisis calls for individuals that do not meet Baker Act criteria but require a referral for community behavioral health services?
    g. Describe trainings that will be provided to the Dispatcher which will ensure their ability to deescalate calls, provide warm handoffs to other entities, conduct wellness checks, complete triage screenings, and determine if a call meets criteria for forwarding to the Licensed Mental Health Clinician or 911.
    h. Provide examples of when calls are appropriate for the: 1) LMHC 2) 911. Provide one example for each.
    i. Within the last two (2) years, has your agency been monitored by any Thriving Mind Department and as a result, been issued Corrective Action by Thriving Mind?
        i. If yes, please provide all monitoring reports and provide a copy of all Corrective Action Plans (CAP) between July 1, 2020 through the date of submission of the application in response to this ITN.
        ii. If CAP(s) is still open, what step(s) is your agency taking to correct the issues indicated in your CAP(s)?
        iii. If the CAP(s) is closed, please include any letters provided by Thriving Mind, indicating the successful implementation of the corrective action.

3. **Proposed Program**:

a. List the Evidence-Based Practices your organization would utilize for the MRT service and how fidelity will be monitored and maintained.

b. Submit all the screening and assessment tools the MRT will use, list which team member will use these tools, qualifications needed by the team member completing the assessment/screening, and at what stage in the call process are these tools used. These attachments will not be counted toward the page limitation. The attachment must be labeled and numbered accordingly.

c. The MRT model is a 24/7 service with a prescriptive staffing pattern as described in Appendix B, Thriving Mind Mobile Response Team Requirements, and a required response time of sixty (60) minutes of the call for MRT services. Describe how you will ensure the availability of MRT service coverage county wide within sixty (60) calendar days of contract execution. Describe the ability to respond either in-person or via telehealth (video conferencing) within the 60-minute timeframe by the Licensed Mental Health Clinician, as your agency is starting up the program and may not be fully staffed.

d. Describe how you intend to station the four (4) MRT teams in four (4) quadrants of Miami-Dade County (North, South, East, and West).

e. Describe the services that the Mobile Response Team will provide to individuals that are decompensating, do not meet Baker Act criteria, but the Licensed Mental Health Clinician determined that the individual would benefit from MRT services.

f. If you intend to leverage any resources within your agency's system of care, please state what those resources are and how they will support the implementation of the Mobile Response Team.

g. Calls directly referred by 211, 988, or 911 to MRT, if determined by the referral source to require MRT intervention, will receive direct MRT face-to-face assessments. This response is considered a level 1 response. Exceptions to direct face-to-face assessments would be expected to be infrequent but may occur depending on circumstances.

   Telehealth may not be utilized for calls referred by 211, 988, or 911 unless defined exception conditions are met.

   Describe your proposed exceptions. Include timeframes and the follow-up model. You may provide a flow chart to describe your follow-up model. This attachment will not be counted toward the page limitation. The attachment must be labeled and numbered accordingly.

h. Describe your marketing, social media campaign, outreach, and community education strategies for promoting your Mobile Response Team service, ensuring engagement with the target population and the community at large.

i. Provide an implementation plan for this program to be operational by January 1, 2023. This attachment will not be counted toward the page limitation. The attachment must be labeled and numbered accordingly.

4. **Staffing MRT**:

a. Describe how you will implement your start-up (first 60 calendar days of contract execution) of the MRT services in terms of:

Recruitment of qualified staff per the requirements in this ITN, required trainings, background screening, office location for each of the teams, trainings, technology, roles and supervisory responsibilities, caseload sizes, referrals, and outreach efforts for the first 6 months of the MRT program.

b. Maintaining appropriate staffing in healthcare is essential to providing a safe work environment for personnel and safe client care. If your agency is experiencing staffing shortages, please quantify, the extent of the shortage and describe your care model and contingency capacity strategies to mitigate greater staffing shortages. Describe how you mitigate employee burnout amongst your current staff.

c. What measures will your agency take to ensure that the MRT program is appropriately and fully staffed. What steps will be in place to manage and maintain operations if staffing shortages affect the MRT Team?

d. Describe your proposed Mobile Response Team staffing pattern and how the structure will satisfy the required service elements, delivery, and availability in **Appendix A, Guidance 34, Mobile Response Team (MRT)**, dated August 1, 2022, or latest revision thereof, and **Appendix B, Thriving Mind Mobile Response Team Requirements.**

e. Describe the activities that idle Mobile Response Team staff will be engaged in when they are in the office and not out in the community responding to a crisis call.

f. Describe how you will ensure that your MRT team is only to be utilized for MRT services, under the MRT guidelines, and will not be utilized in other agency programming.

g. Mobile Response Teams must include access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner. Describe how the Mobile Response Team will access a board-certified or board-eligible psychiatrist or Psychiatric Nurse Practitioner to provide phone consultation

to the team within fifteen (15) minutes of a request from Mobile Response Team, including outside of normal business hours.

h. How would your agency incorporate peer services as part of the services provided by the Mobile Response Team? Describe the role and function of Certified Peer Specialists on the MRT.

i. Describe how you will monitor the peer services provided to individuals served through the MRT?

j. Describe support services offered to the Certified Peer Specialist.

5. **Partnerships**:
   a. Applicants are encouraged to provide letters of support from Jewish Community Services the 211 and 988 Provider and the Miami-Dade County School District, and Municipal Police Departments or Miami-Dade County Police Department. Support letters must be listed in the table of contents and will not be counted toward the page limitation. The attachments must be labeled and numbered accordingly.
   b. Additionally, please describe your history with these organizations and any other relevant entities and how you have worked together in order to provide services to the community, if applicable.

6. **Technology**
   a. Describe the technology your agency has available that would be useful for a Mobile Response Team (i.e. tablets, cell phones, dispatcher equipment, etc.)?
   b. How does your agency currently receive crisis calls? Please describe the technology used and how it is utilized to receive calls of this nature.
   c. What experience does your agency have with offering telehealth services to the community?
   d. Are crisis calls and response metrics recorded and tracked? If so, please explain in detail the system(s) used, the metrics that are tracked, and the types of reports that can be provided.
   e. Share any current technology barriers your agency is experiencing and how this funding may change these barriers.
   f. How does technology enhance your agency's productivity without sacrificing face-to-face interactions with individuals?

7. **Scenario** (Maximum 2 pages)

   Appendix D, Crisis Scenario presents a crisis caller's history of present illness, past psychiatric history, and social history. The Applicant must review the information presented and provide an appropriate crisis response based on the **Appendix A,**

Guidance Document 34, Mobile Response Team (MRT), dated August 1, 2022, or latest revision thereof**,** and **Appendix B, Thriving Mind South Florida Mobile Response Team Requirements**. This response is worth up to thirty (30) points.

C. ORGANIZATIONAL CHART (1 page)

Provide a copy of your agency's Organizational Chart (Table of Organization). This attachment will not be counted toward the page limitation. The attachment must be listed in the table of contents and must labeled and numbered accordingly. Failure to submit the Organizational Chart will deem the application to have a fatal flaw and the application will be rejected and disqualified from further consideration.

D. BUDGET (No page limit)

All costs associated with services proposed in this solicitation must be reasonable, necessary and allowable, and relate to the program/coalition in compliance with Federal law and regulations including, but not limited to, 2 CFR, Part 200, and other applicable regulations and the Community Substance Abuse and Mental Health Services Financial Rules specified in Rule 65E-14, Florida Administrative Code**.**

Cost Reimbursement Method of Payment: For the first year of contract execution, Thriving Mind will allow the MRT Provider to the utilize the cost reimbursement method of payment (see **Rule 65E-14**, Florida Administrative Code, **Community Substance Abuse and Mental Health Services Financial Rule** for additional requirements). During the first year, the MRT Provider must submit quarterly reconciliation reports. Applicants must complete **Appendix F, Cost Reimbursement Budget and Budget Narrative** in order to secure startup funds under the cost reimbursement method of payment.

Fee for Service Method of Payment: Once MRT Services begin, Thriving Mind will begin using a Fee-for-service method of payment, as defined in Rule 65E-14.019, Florida Administrative Code. Applicants must complete a budget and a budget narrative in detail, using the templates provided on **Appendix E, Fiscal Forms**. Instructions on how to complete the forms can be found within the excel workbook.

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SECTION V - APPLICANT COVER PAGE

Applicant Cover Page
Invitation to Negotiate #015
Mobile Response Team for Miami-Dade County

Applicant Agency: _____

Contact Information

Contact Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone 1: _____

Telephone 2: _____

Email Address: _____

Authorized Contract Signer: _____

Authorized representative certifies the accuracy and completeness of the statements contained in the application and agrees to accept the obligation to comply with the award terms and conditions.

Name of Authorized Contract Signer: _____

Title: _____ Date: _____

Note: The signed form must be included in the electronic copy.

SECTION VI – LIST OF APPENDICES

1. Appendix A - Guidance Document 34, Mobile Response Team (MRT), dated August 1, 2022, or latest revision thereof
2. Appendix B - Thriving Mind South Florida Mobile Response Team Requirements
3. Appendix C- Thriving Mind Mobile Response Team Data Report Template
4. Appendix D- Crisis Scenario
5. Appendix E- Fiscal Forms
6. Appendix F- Cost Reimbursement Budget and Budget Narrative
7. Appendix G- Statement of Mandatory Assurances
8. Appendix H- Fatal Flaw and Technical Review Checklist
9. Appendix I- Evaluation Manual - ITN #015 – Mobile Response Team
10. Appendix J- Assessment of Financial Stability

Appendix A, Guidance 34
Mobile Response Team (MRT)

Contract Reference: *Section A-1.1, Exhibit C1.2.3*

Requirement: *394.495(7), F.S.*

Purpose: To ensure the implementation and administration of Mobile Response Team (MRT) services, the Managing Entity shall require that MRT Network Service Providers to adhere to the service delivery and reporting requirements herein. Best practice considerations and resources are provided to support continuous improvement of the MRT program; however, these are not contractually required.

A. Authority

The Marjory Stoneman Douglas High School Public Safety Act, Ch. 2018-3, Laws of Florida, created a statewide network of MRTs. The Florida Legislature appropriated recurring funds to ensure reasonable access to MRT services in all Florida counties. In 2020, s. 394.495, F.S. was amended to include MRTs in the child and adolescent array of services and outlined programmatic requirements included herein.

B. Program Goals

The goals of MRTs are to lessen trauma; conduct an independent assessment to determine if the individual may be safely diverted from emergency departments; prevent unnecessary psychiatric hospitalization; or divert from juvenile justice or criminal justice settings. MRTs are intended to provide on-demand crisis intervention services in any setting in which a behavioral health crisis occurs, including, but not limited to, homes, schools, the community, and emergency departments. Mobile response services must be available 24 hours a day, 7 days a week. Services are provided by a team of licensed professionals, master's level professionals, and paraprofessionals trained in crisis intervention skills. In addition to helping resolve the crisis, MRTs work with individuals and families to identify resources, provide linkages, and develop strategies for effectively dealing with potential future crises.

Intervention is warranted when a crisis interferes with the ability to function and places the individual at risk of self-harm, harm to others, or disruption of services or living environment. The individual may present with an overt change in functioning or have difficulty coping with traumatic life events. Mobile Response Teams may coordinate in-person services with law enforcement to provide additional safety, when appropriate and necessary.

Supporting the "no wrong door" model, MRTs provide warm hand-offs and referrals to other services in the community to meet the ongoing needs of the individual and will follow-up to determine that the appropriate linkage is made. When the situation warrants, MRTs will assist with the individual being received by a designated receiving facility or a licensed substance abuse provider for further evaluation. Peer support services can be an effective way to connect individuals and families experiencing behavioral health crises with resources, ensure they engage in services, and assist them navigate the system.

MRTs must be designed to address a wide variety of interventions, including:

- Based on a clinical assessment, determine the need for further examination at a Designated Receiving Facility or licensed substance use provider;
- Assess the individual for risk of suicidal and homicidal thoughts or behaviors;
- Assess the individual for mood disturbances such as depression, anxiety, delusional thoughts, or hallucinations that may contribute to and exacerbate the crisis; and,
- Identify family or peer conflicts and other disruptive behaviors that are or may contribute to escalating the crisis.

C. Eligibility

MRTs provide immediate, onsite behavioral health crisis services at minimum to individuals who:

1. Have an emotional disturbance; or
2. Are experiencing a mental health or emotional crisis; or
3. Are experiencing escalating emotional or behavioral health reactions and symptoms that impact their ability to function typically within the family, living situation, or community environment; or,
4. Are served by the child welfare system and are experiencing or at high risk of placement instability.

D. Managing Entity Responsibilities

The Managing Entity shall:

1. Ensure statewide access to MRT services 24 hours a day, 7 days a week in person.
2. Collaborate with local law enforcement agencies and public schools, colleges and universities in the planning, development, evaluation, and selection processes for Network Service Provider subcontracts for MRTs;
3. Post contact information for all MRTs on the start page of the Managing Entity's public website;
4. Collaborate with local and county governments to ensure the process to access MRT services is addressed in county transportation plans and Behavioral Health Receiving System plans;
5. Monitor MRT Network Service Provider data quality, response process, customer satisfaction, community collaboration, and warm hand-offs to community service providers;
6. Notify the Department of changes to MRT providers, including the number of teams per provider or updates to MRT contact information;
7. Submit Reporting Template 28 Mobile Response Team Monthly Report to the Department no later than the 18th of the month following services;
8. Work with school districts to establish and obtain parental or guardian consent as part of the annual student registration process for MRT services in coordination with other routine health screenings; and
9. Include requirements in subcontracts with Network Service Providers providing MRT services to:
    a. Adhere to the criteria in Sections C, E, F and G herein.
    b. Participate in all MRT program conference calls, meetings, or other oversight events scheduled by the Department.
    c. Make Mobile Response Team services available 24 hours per day, 7 days a week statewide.
    d. Establish response protocols with local law enforcement agencies, 9-1-1 dispatch, 2-1-1 call centers, suicide prevention lifeline member centers (9-8-8), local community-based care lead agencies, child protective investigators, the Department of Juvenile Justice, and local schools, including public K-12 schools, colleges, and universities.
    e. Have a licensed mental health professional on staff.
    f. Have a Certified Recovery Peer Specialist, or someone who is working toward credentialing, on staff.

g. Have access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner.

h. Provide an array of crisis response services to eligible persons and their families, designed to address individual and family needs, including screening, standardized assessments, crisis de-escalation, safety planning, and linkage to community services as necessary to address the immediate crisis event and ongoing behavioral health needs. Screenings and assessments shall be completed for the presence of an emotional disturbance, serious emotional disturbance, substance use, or mental illness including depression and risk for suicide.

i. Adhere to standards for informed consent and confidentiality compliance.

j. Establish formal Memorandum of Understanding or agreements with the local school district(s) that identify roles and responsibilities of schools and MRT when responding to schools to provide services. This agreement must include requirements for obtaining parental consent when the MRT responds to children 13 or younger or with unlicensed mental health professionals.

k. Establish formal and informal partnerships with key entities providing behavioral health services and supports to eligible persons and their families to facilitate warm hand-offs for continuity of care.

l. Coordinate with the Community-Based Care (CBC) Lead Agency in the Network Service Provider's area to provide MRT services to children served by the child welfare system who are experiencing a behavioral health crisis.

E. MRT Provider Responsibilities

Mobile Response Teams shall:

1. Display the number to their MRT on the start page of their public-facing website.
2. Ensure their local 2-1-1 and National Suicide Prevention Lifeline center provider(s) have information on the MRT and how to refer individuals in need.
3. Triage new requests to determine the level of severity and prioritize new requests that meet the clinical threshold for an in-person response.
4. Provide in-person response to calls meeting the clinical threshold within 60 minutes after prioritization. While in-person responses may be provided via telehealth, teams are expected to respond to the location where the crisis is occurring when determined safe.
5. Provide behavioral health crisis-oriented services that are responsive to the needs of the individuals and their family or other natural support system.
6. Utilize evidence-based practices to deescalate and respond to behavioral health challenges and to reduce the potential for future crises. When evidence-based practices are not available, the MRT shall use approaches based on clinical judgement and within the scope of their practice.
7. Provide a warm handoff to referred services and brief care coordination by facilitating the transition to ongoing services for at least 72 hours. Warm handoff means that the MRT provider actively connects the individual to another service provider.
8. Coordinate with the CBCs to provide information about the MRT services to foster parents.
9. Report to the Managing Entities on the performance outputs in Section G and the number of individuals who did not require an involuntary examination that were actively linked to the appropriate level of care with a community provider for ongoing behavioral health services.

10. Use the same suicide risk assessment instrument adopted by the district school board pursuant to s. 1006.07(11), F.S., and approved by the Department of Education pursuant to s. 1012.583, F.S. Approved instruments are available at: https://www.fldoe.org/schools/k-12-public-schools/sss/suicide-prevent.stml

F. MRT Service Components:

Mobile response services encompass an array of crisis interventions including:

1. Evaluation and assessment,
2. Development of safety or crisis plans,
3. Providing or facilitating stabilization services,
4. Supportive crisis counseling,
5. Education,
6. Development of coping skills,
7. Care coordination;
8. Linkage to appropriate resources, and
9. Connecting individuals who need more intensive mental health and substance use services to the needed level of care.

Telehealth is an important asset for increasing the capacity of MRTs especially in rural areas, geographically large counties, or urban areas where congested traffic patterns make meeting the 60-minute response time a challenge. Telehealth can be used to provide assessments, follow-up consultation, and initial triage to determine if an in-person response is needed to individuals via video-teleconferencing systems, phones, and remote monitoring.

An MRT's ability to successfully divert inpatient admissions depends on service availability. MRT staff who are not actively responding to calls or providing follow-up services must not have other duties and responsibilities within the Network Service Provider. During "down time," they should be conducting outreach to community partners, key stakeholders, and the general public to educate the public on the availability of and how to access services.

G. Performance Outputs

The Network Service Provider shall meet the following targets for MRT services:

1. Average response time within 60 minutes.
2. A minimum of seven (7) formal outreach activities conducted annually. This may include activities such as presenting at School Board meetings, community health fairs, and community partner meetings. Targets for outreach activities may include detoxification programs, emergency departments, schools and colleges, community behavioral health providers, law enforcement and other first responders, child protective investigators, dependency case managers, parents, family and youth run organizations, Department of Juvenile Justice, group homes, foster care organizations, 2-1-1 and other social service type call centers, as well as community leaders such as county commissions and city government. Providers may also utilize local media outlets, to include television and radio, to advertise for and inform the general public about MRT services available.
3. A negotiated minimum annual number of unduplicated persons served. "Served" means the MRT has responded to an acute care crisis and engaged with the individual and, if applicable, their family and caregivers.

H. Best Practice Considerations and Guiding Principles:

The System of Care values and principles are the foundation of MRTs. The core values include:

- Strength-based – move the focus from the deficits of the individual and family to focusing on their strengths and resources related to the goal of recovery. This includes viewing the individual and family as resourceful and resilient.
- Family-driven and youth-guided – recognize that families have the primary decision-making role in the care of their children. The individual's and family's preferences should guide care.
- Community based with an optimal service array – provide services in the least restrictive setting possible, ideally in the community. Individuals should be able to obtain any behavioral health service they need in their home community. Peer support is an important component of services.
- Trauma sensitive – respond to the impact of trauma, emphasizing physical, psychological, and emotional safety for both service providers and individuals; and create opportunities for individuals to rebuild a sense of control and empowerment.
- Culturally humble and linguistically competent – be respectful of, and responsive to, the health, beliefs, practices, and cultural and linguistic needs of diverse individuals. "Culture" is a term that goes beyond race and ethnicity to include characteristics such as age, gender, sexual orientation, disability, religion, income level, education, geographical location. Cultural competence applies to organizations as well as individuals. Cultural Competence is a set of behaviors, attitudes, and policies that come together in a system to work effectively in multicultural situations. Linguistic competence is the ability to communicate effectively in a way that can be easily understood by diverse audiences.
- Coordinated – provide care coordination for individuals with serious behavioral health conditions with an emphasis on individualized services across providers and systems. At the system level, leverage resources by analyzing funding gaps, assessing the use of existing resources from all funding streams, and identifying strategies to close the funding gaps, including the options of blending and braiding of funding sources.
- Outcome-focused – ensure that programmatic outcome data is accessible to mangers, stakeholders, and decision makers, and that the data is meaningful and useful to those individuals. Collect feedback from each individual and family regarding the service delivery to improve outcomes of care that inform, individualize, and improve provider service delivery.

Research suggests that best practice is to provide continued crisis intervention and care coordination services as indicated for up to 72 hours. In addition to helping resolve the crisis, teams work with the individual and their families to identify and develop strategies for effectively dealing with potential future crises.

MRTs facilitate "warm handoffs" to community services, and other supports. Facilitating a warm handoff means actively connecting an individual to another service provider. This process goes beyond simply providing a referral name, phone number, and appointment time. Particularly for individuals in crisis, it has been shown that a referral alone is not adequate. Warm handoffs are a transfer of care between two providers in the presence of the individual and their family. This can involve an introduction to the new service provider during a short meeting with the crisis counselor. It is important to explain the process the individual should follow, what to expect during their first appointment, and allow them to ask questions. For additional information and resources to implement or improve the use of warm handoffs, the Agency for Healthcare Research & Quality provide resources for clinicians, staff, and a Quick Start Guide[1].

Once this occurs, it is expected that either the crisis has resolved naturally, the individual is connected to a community-based provider who will engage the individual in services, or the individual was assisted with access to

[1] https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/interventions/warmhandoff.html.

further evaluation at a designated receiving facility. MRTs will need to establish protocols for working with existing care coordination teams for individuals who are not already connected to behavioral health services, for those that are eligible.

In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) published the *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit*. This toolkit identifies minimum expectations and best practices for mobile crisis teams. SAMHSA identifies the mobile response teams to respond in two person teams for safety reasons. The minimum expectations are:

1. Include a licensed and/or credentialed clinician capable to assessing the needs of individuals;
2. Respond where the person is and not restrict services to select locations within the region or particular days/times; and
3. Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation.

The best practices include:

1. Incorporate peers within the mobile crisis team;
2. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion and may include MRT transporting the person served, at the provider's discretion, to an acute care setting under the Baker Act in accordance with F.S.394.462(1)(f);
3. Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; and
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm hand-off in order to support connection to ongoing care.

The toolkit is available at: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf.

Below are some exemplary models of MRTs developed in other states.

State of New Jersey

The Mobile Response and Stabilization Services (MRSS) System delivers mobile response services to children/youth/young adults experiencing escalating emotional and/or behavioral reactions and symptoms that impact the youth's ability to function typically (at baseline) within their family, living situation, school and/or community environments. Mobile response services are available 24 hours per day, 7 days a week, year-round, are delivered by MRSS staff and include both initial (within 1 hour) face-to-face intervention wherever the youth's need presents, and follow-up interventions, services and coordination for up to 72 hours subsequent to the initial intervention. If at the end of initial mobile response services, a youth continues to exhibit patterns of behavioral and emotional needs that require continued intervention and coordination to maintain typical functioning and prevent continued crisis reaction, a child/youth may be transitioned to Mobile Response Stabilization Management Services that can continue to serve the individual for up to eight weeks. More information may be found at: https://www.nj.gov/dcf/families/csc/mobile/.

State of Massachusetts

In Massachusetts, Mobile Crisis Intervention (MCI) is provided to youth (under the age of 21) by all emergency service program (ESP) providers. MCI provides a short-term service that is a mobile, on- site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, where one exists. This service is provided 24 hours a day, 7 days a week and includes: A crisis assessment; engagement in a crisis planning process that may result in the development/update of one or more crisis planning tools (e.g., Safety Plan; Advance Communication to Treatment Providers; Supplements to Advance Communication and Safety Plan, Companion Guide for Providers on the Crisis Planning Tools for

Families) that contain information relevant to and chosen by the youth and family; up to 7 days of crisis intervention and stabilization services including on-site face-to-face therapeutic response, psychiatric consultation and urgent psychopharmacology intervention, as needed; and referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care. More information may be found at: https://www.mass.gov/files/documents/2016/07/oi/ps-mobile-crisis-intervention.pdf.

Milwaukee County, Wisconsin

Milwaukee County in Wisconsin has a nationally respected and effective crisis response model for children in their region. The program is called the Mobile Urgent Treatment Team (MUTT) and its primary focus is to keep children at home with families and out of hospitals. MUTT provides MRSS services for children and adolescents (up to age 18) and addresses a family's immediate concerns about their child by phone or by responding to them in the community or in their home. Services are available 24 hours a day, seven days a week. Once called, the MUTT team immediately travels to the location where a crisis may be occurring. The team assesses the situation, including the potential for danger that the child poses to himself or others. Based on the assessment, the team weighs intervention options, including keeping the child home (with adequate support services), temporary placement in a crisis group home or other emergency setting, or hospitalization in a psychiatric facility. The team can provide short-term case management services as necessary and frequently acts as a liaison between the family and available community services. For more information, please visit: https://county.milwaukee.gov/EN/DHHS/BHD/Childrens-Services.

King County, Washington

The Children's Crisis Outreach Response System (CCORS) in King County, Washington provides crisis outreach and stabilization services 24 hours a day, 7 days a week to all residents of King County regardless of income. Specific services include mobile crisis outreach, which consists of specially trained teams available to respond in the child or youth's natural environment to de-escalate the situation. The team conducts mental health and suicide risk assessments and works with the family to implement ongoing services and supports to prevent future crises. CCORS also provides non-emergency outreach appointments, available within 24-48 hours for families who are not in immediate crisis but require timely support and linkages to services. Crisis stabilization services in the form of in-home support are available for up to 8 weeks following the initial acute crisis. Intensive crisis stabilization services (90-day in-home support) and crisis stabilization beds are also available to specialty populations. More information may be found at: https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/services/Youth/CrisisOutreach.aspx.

Maine Behavioral Health Care Crisis Team

After police respond to a call involving a juvenile, the officer completes a police juvenile reporting form and sends it to the Maine Behavioral Healthcare crisis team. A clinician then calls the family to arrange an assessment, provide resources and services and provide later follow-up to ensure the family has engaged in referred services. The reporting form captures critical information for tracking and accountability. In addition, parents of juveniles in crisis use the form as a tool to convey concerns and record problem behavior to mental health professionals. With parental consent, they use the information to inform the school system and help prepare an appropriate response to the child's needs. The result is a program that recognizes juveniles at risk at the earliest possible stage, captures relevant and useful information, secures an appropriate referral network and tracks results for mutual accountability. The results of the program were decisive—86 percent of the families reported that only one response was needed to receive the appropriate resources. More information may be found at: https://mainehealth.org/services/behavioral-mental-health/mental-health-crisis-services.

Central Ohio

Brings together crisis intervention specialists, therapists, case managers and other staff members who pair up to visit teens and young adults in schools, jails, hospital emergency rooms and other places to connect them with mental health services. Initially contacted though the community crisis hotline, the flow with a 2-1-1 call that is triaged and

sent to a helpline. Appropriate calls are sent to the behavioral health provider crisis staff who again triages and respond in-person with a secondary staff person, who may be a therapist or case manager.

I. Additional Resources

There are many resources available online related to mental health services. This is not meant to be an all-inclusive list, but rather a starting point for additional resources.

The Substance Abuse and Mental Health Services Administration (SAMSHA) has a resource tool on screening for behavioral health risk in school, available at:
https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf

The U.S. government has sponsored a Stop Bullying campaign with tips and information at:
https://www.stopbullying.gov/

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools; a toolkit is available at:

http://zerosuicide.edc.org/toolkit

Department-sponsored webinars on mobile response services, provided at no cost to the provider by the Florida Certification Board, are accessible by creating a free account with the Florida Certification Board at:
https://flcertificationboard.org/education-training/continuing-education/ and searching for the title of the webinars below:

- Introduction to Mobile Response Teams (2019)
- Mobile Response Teams: Strengths-Based Crisis Planning (2019)
- Mobile Response Teams: Crisis Assessment and Intervention (2019)
- Building Partnerships with Local Resources for Crisis Response (2019)

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Appendix B
Thriving Mind South Florida ("Thriving Mind")
Mobile Response Team Requirements

Purpose: To ensure the implementation and administration of Mobile Response Team (MRT) services, Thriving Mind shall require that the MRT Provider adheres to the service delivery and reporting requirements referenced in the Department of Children and Families **Appendix A, Guidance Document 34,** Mobile Response Team (MRT), dated August 1, 2022, or the latest revision thereof. Additional requirements established by Thriving Mind in this document must be adhered to and will be contractually required.

A. Authority

1) The Marjory Stoneman Douglas High School Public Safety Act, Ch. 2018-3, Laws of Florida, created a statewide network of MRTs. The Florida Legislature appropriated recurring funds to ensure reasonable access to MRT services in all Florida counties. In 2020, s. 394.495, F.S., to include MRTs in the child and adolescent array of services and outlined programmatic requirements included herein.
2) Contract KH225 between Department of Children and Families and South Florida Behavioral Health Network d/b/a Thriving Mind South Florida.
3) Thriving Mind South Florida Mobile Response Team Requirements described in this Appendix B.

B. Minimum Staffing Requirements

Mobile Response Team (MRT) services use face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis, in order to achieve the needed and best outcomes for that individual. Most MRT programs utilize teams that include both professional and paraprofessional staff. Below is the minimum pattern for staffing the Mobile Response Team required by Thriving Mind. It is expected that there is a minimum of at least one of these positions at each individual MRT Team offering services in the four (4) quadrants of the county (North, South, East, and West). Thriving Mind will allow for negotiation with the MRT Provider to go beyond the minimum staffing pattern indicated below for this program, including the scheduling of staff and whether each staff member works from an office setting or remotely during their scheduled hours. At minimum there must be a Licensed Mental Health Clinician and a Certified Peer Specialist staffed on each team and there must be 24/7 access to a Board-certified or Board-eligible Psychiatrist or Nurse Practitioner.

1) ***Board-certified or Board-eligible Psychiatrist or Psychiatric Nurse Practitioner (1.0 FTE for all four teams)***

The MRT Team must have access to a Board-certified or Board-eligible Psychiatrist or Psychiatric Nurse Practitioner. These positions may be subcontracted and must be On-Call and able to be reached 24/7.

2) ***Program Manager-(1.0 FTE for all four teams)***
Minimum Qualifications: Master's degree in Psychology, Social Work, or related Human Services field. Minimum of two (2) years of related administrative experience in a behavioral health setting. Minimum two (2) years of experience in a supervisory role.

Role and Function: Directs day-to-day clinical operations of the Mobile Response Teams within a geographic region. Conducts supervision, monthly reporting, outreach, completed qualitative audits of clinical record documents, and scheduling.

3) ***MRT Administrative Assistant (1.0 FTE for all four teams)***
Minimum Qualifications: Must have at minimum Associates Degree in Arts/Science or have at minimum two (2) years of administrative experience, particularly in mental health or related field. Must completed the required trainings listed in Section. L, Trainings.

Role and Function: Assist the Program Manager with administrative tasks including maintaining clinical records, completing quantitative audits of files, scheduling meetings, and submitting monthly reporting.

4) ***Licensed Mental Health Clinician- (3.0 FTE minimum or more per team or 2.0 per team each with 12 hour shifts)***

Minimum Qualifications: Licensed Clinical Social Worker, Licensed Mental Health Counselor, Licensed Marriage/Family Therapist. Minimum of two (2) years of experience of in behavioral health crisis services.

Bilingual: English/Spanish, English/Creole

Role and Function: Responds to calls 24/7, meeting the individual in-person, conducts risk assessments, and completes safety planning over dedicated crisis phone line, and provides therapy and counseling to individuals, couples, and families at the time of the crisis. Complete required Assessments/Evaluations and Baker Acts when appropriate. May be required to transport individuals to designated receiving facilities under a voluntary or involuntary status when deemed safe to transport, if the individual does not have other transportation options available, and agrees to be transported by the MRT.

5) ***Certified Peer Specialist-(1.0 FTE per team)***

Minimum Qualifications: Have a high school diploma or general equivalency diploma. Minimum two (2) year demonstrated recovery time from a significant mental health and/or substance use disorder at the date of application. Be at least 18 years of age. Within the last year have either maintained at least 12 months of successful work or volunteer experience.

Training and Certification: Be Certified recovery peer specialists or certified recovery support specialists who are certified by the Florida Certification Board. Recovery support

specialists and recovery peer specialists are allowed one year from the date of their employment to obtain certification through the Florida Certification Board.

Role and Function: Serves as a positive role-model to individuals and their families, sharing experiential knowledge and skills. The Peer Specialist must have experience and training in Crisis Intervention and be able to work with individuals experiencing crisis. Peer Specialists may be part of the in-person response team during the initial crisis event. Peer Specialists also provide follow-up services, as needed.

6) ***Master's Level Dispatcher- (1.0 FTE per shift with 24/7, 365 day coverage)***

Minimum Qualifications: Master's Level Social Worker, Master's Level Mental Health Counselor, Minimum of two (2) years of experience of in behavioral health crisis services.

Bilingual: English/Spanish or English/Creole

Role and Function: The Master's Level Dispatcher triage the call to the correct team depending on location and availability. The dispatcher is trained to receive crisis calls and provide crisis intervention services. Dispatchers conduct initial screenings and determine if an in-person assessment is required by a Licensed Clinician. Screenings that meet the criteria will be forwarded by the Dispatcher to the licensed clinicians. Callers who need follow-up will be contacted by the Dispatcher when not answering initial calls.

7) ***Behavioral Health Technician - (3.0 FTE minimum or more per team or 2.0 per team each with 12-hour shifts)***

Minimum Qualifications: High School Diploma or GED. Minimum of one (1) to three (3) years of experience of in behavioral health crisis services. Registered Behavioral Technician Certification strongly preferred. They must receive trainings in Mental Health First Aide, de-escalation, cultural sensitivity, and any appropriate trainings that would benefit interactions with individuals served by the MRT.

Role and Function:
Behavioral Health Technicians operate as backup to the Licensed Mental Health Clinician that goes out to an in-person MRT crisis call. The Behavioral Health Technician transports individuals to designated receiving facilities under a voluntary or involuntary status, if deemed safe to transport, if the individual does not have other transportation options available and agrees to be transported by the MRT.

C. Triage/Screening

As most Mobile Response Teams are initiated via phone call to a hotline or provider, the initial step in providing Mobile Response Team services is to determine the level of risk faced by the individual in crisis and assess the most appropriate response to meet the need. In discussing the situation with the caller, the Master's Level Dispatcher must decide if other first responders, such as law enforcement or emergency medical services, should be involved while understanding that this is not the preferred approach and one that should only be used when alternative behavioral health responders are not available, or the nature of the crisis indicates that EMS or police are

most appropriate. For example, if the person describes a serious medical condition or indicates that he or she poses an imminent threat of harm to self or others, the Mobile Response Team must determine if a coordinated response with law enforcement is appropriate. If it is determined that a coordinated response is appropriate, the Mobile Response Team in coordination with law enforcement will report at the site of the crisis and work together to resolve the situation.

Explicit attention to screening for suicidality must be part of the triage. The Licensed Mental Health Clinician will use the suicide risk assessment instrument adopted by the district school board pursuant to s. 1006.07(11), F.S., and approved by the Department of Education pursuant to s. 1012.583, F.S.

211, 988, and 911 Calls

Calls directly referred by 211, 988, or 911 to MRT if determined by the referral source to require MRT intervention, will receive direct MRT face-to-face assessments (e.g. level 1). Exceptions to direct face-to-face assessments would be expected to be infrequent.

Exceptions might include:

1. person-approved telehealth crisis intervention plus a next-day in person visit by MRT (e.g., level 2), or
2. person-approved telehealth assessment and a referral. The timeframe and follow-up model are to be proposed by the MRT Provider; e.g., level x,y,z.

Telehealth may not be utilized for calls for calls referred by 211, 988, or 911 unless defined exception conditions are met.

Thriving Mind requires the MRT Provider to have a separate dedicated line and referral protocols for 211, 988, 911, and other emergency/first responder calls.

The MRT Provider shall have a separate dedicated line for the community to call for MRT services. This number shall be advertised to the community and the number must be on the MRT Provider's start page of its public-facing website.

E. Assessments and Screenings

1. Screenings

   The Master's Level Dispatcher will conduct the initial screening process once contact is made by the caller. All calls must have a screening completed on the individual being served and must be maintained by the MRT and accessible to Thriving Mind upon request. The Dispatcher may not have to do a screening if referred directly from 211/988 and must forward the call immediately to the Licensed Mental Health Clinician.

   The screening should encompass the following:

   1) Name and last name of the individual needing services
   2) Reason for the call; is the person
   3) Contact information for of the individual calling (if caller is not the individual needing services, contact information for the person experiencing crisis)
   4) Is the person experiencing thoughts of self-harm or harm to others

2. Assessments

The Licensed Mental Health Clinician on the Mobile Response Team is responsible for completing an assessment. Assessments must be done for all in-person responses. All referred calls forwarded by the Dispatcher to the Licensed Clinician must have an assessment completed on the individual being served and must be maintained by the MRT and accessible to Thriving Mind upon request. Specifically, the Licensed Clinician should address:

1) Causes leading to the crisis event; including psychiatric, substance abuse, social, familial, and legal factors; safety and risk for the individual and others involved; including an explicit assessment of suicide risk;
2) Strengths and resources of the person experiencing the crisis, as well as those of family members and other natural supports; a Crisis or Safety plan will be developed to assist the family and individual remain safe.
3) Recent inpatient hospitalizations and/or any current relationship with a mental health provider;
4) Medications prescribed as well as information on the individual's compliance with the medication regimen; and
5) Medical history as it may relate to the crisis.

The Licensed Clinician must use the same suicide risk assessment instrument adopted by the district school board pursuant to s. 1006.07(11), F.S., and approved by the Department of Education pursuant to s. 1012.583, F.S. (As required in **Appendix A, Guidance Document 34**)

Approved instruments are available at: https://www.fldoe.org/schools/k-12-public-schools/sss/suicide-prevent.stml

F. De-Escalation and Resolution

Mobile Response Teams engage individuals in counseling throughout the encounter and intervene to de-escalate the crisis. The goal is not just to determine a needed level of care to which the individual should be referred, but to resolve the situation so a higher level of care is not necessary. The Dispatcher will make every effort to de-escalate or resolve the situation prior to referring the call to the Licensed Mental Health Clinician.

G. Peer Support

For Mobile Response Teams, Peers should not duplicate the role of Licensed Clinicians but instead should establish rapport, share experiences, and strengthen engagement with the individual experiencing crisis. They may also engage with the family members of (or other persons significant to) those in crisis to educate them about self-care and ways to provide support. Peers should be certified or working towards certification but must be certified within one year of hire. Peer Specialists will engage with the caller during or after the initial crisis call based on necessity.

H. Coordination with Medical and Behavioral Health Services

MRTs, as part of an integrated crisis system of care, must focus on linking individuals in crisis to all necessary medical and behavioral health services that can help resolve the situation and prevent future crises. These services include but not limited to, crisis stabilization or acute inpatient hospitalization, substance abuse detoxification, and treatment in the community (e.g., community mental health clinics, in-home therapy, family support services, and therapeutic mentoring).

I. Crisis Planning and Follow-Up

An adequate crisis response requires measures that address the person's unmet needs, both through individualized planning and by promoting systemic improvements. During a crisis intervention, the Licensed Clinician and other relevant MRT professional should engage the individual in a crisis planning process, resulting in the creation or update of a range of planning tools, including a safety plan. When agreed to with the caller, follow-up with individuals served will occur to assess the caller's safety, determine if the services to which they were referred were provided in a timely manner and are meeting their needs. If necessary, the MRT will help facilitate the scheduling of in-person or telehealth appointment with a behavioral health provider. Follow-up services/activities is typically completed through telephonic outreach but there may be times when further face-to-face, in-person engagement may be warranted or even necessary when the individual cannot be reached by phone. The initial follow-up should occur within 24 – 72 hours or sooner of the initial interaction/contact, as determined by the MRT. Follow-up for individuals hospitalized for behavioral health reasons should occur within 7 days of discharge and again within 30 days of discharge.

The team must offer and provide short-term follow-up services if agreed to by the caller or the person experiencing the crisis. When requested, the MRT acts as a liaison and will link the caller, person experiencing the crisis, and/or family to community services.

J. Licensed Mental Health Clinicians

It is imperative that Licensed Mental Health Clinicians provide first contact for callers as it allows for initial understanding of the level of crisis. Licensed Mental Health Clinicians will take calls and complete the assessments as follows in **Section E. Screenings and Assessments** in this document. The Licensed Mental Health Clinician will also assess callers for potential Baker Act, if necessary.

K. Reporting Requirements and Continuous Quality Improvement

The MRT Provider will be required to submit several reports to the Thriving Mind as follows:

1) All reports required in Guidance 34, Mobile Response Team.

2) Data Report Template and instructions found in **Appendix C, Thriving Mind Mobile Response Team Data Report**.

3) Quarterly Outreach and Community Education Activities Log to Thriving Mind on a quarterly basis that documents the following information:
    a) Name of the staff
    b) Target/Intended audience (i.e., community behavioral health providers, schools, private sector providers, etc.)

c) Type of Activity (Event, Training, Community Fair, etc.)
d) Date of Activity
e) Location of Activity
f) Number of Attendees

Copies of the following documents must be maintained and available upon request from Thriving Mind:

a) Any social media posts about the presentation, if applicable
b) Attendance Sheets
c) Agendas or Handouts
d) PowerPoint Presentation(s)

4) Monthly/Quarterly Vacancy and Engagement Report

To ensure that MRT is actively working to obtain and maintain qualified staff, the MRT must submit a monthly Vacancy and Engagement Report until the MRT Teams are fully staffed. Once fully staffed, the MRT Provider will submit this report on a quarterly basis. Should the MRT Provider experience an increase in staff shortages, the reporting will revert to monthly submissions. This report must include a listing of all vacant positions, the date they became vacant, the date of expected hire, and any engagement efforts that have taken place to hire staff for the vacant role (tabling at job/recruitment fairs, utilization of job seeking websites, etc.).

5) Thriving Mind, at its discretion, may request additional reporting requirements in a specified alternate data system or manual reports. Thriving Mind may request call information from specific referrals such as those provided by 211 or 988. With a regional suicide prevention plan taking effect, data from the MRT will be crucial and Thriving Mind will request data on suicide related calls. The MRT is expected to engage in ongoing dialog with community affiliates (**see Section M. Collaboration for a list of affiliates**) to support continuous quality improvement and collaborative problem-solving. This may include quarterly meetings with aggregate data sharing as a part of their ongoing operations.

L. Trainings

I. Thriving Mind requires any and/or all the trainings listed below to be completed by MRT Staff prior to engaging individuals on MRT calls:

1) Mental Health First Aid (*Required*)
2) Motivational Interviewing (Required)
3) Gatekeeper suicide prevention training, such as Applied Suicide Intervention Skills (Required)
4) (ASIST) or Question, Persuade, Refer (QPR) (Required)
5) Crisis Intervention for Encounters with Mental Health Crises SAMHSA's Practice
6) Guidelines: Core Elements for Responding to Mental Health Crises at (https://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf) (*Required*)
7) Critical Incident Debriefing (Required)
8) Grief recovery/counseling (Required)
9) HIPAA Confidentiality Training (Required)

10) Deaf and Hard-of-Hearing Training (Required)
11) Recovery Management (Required once available by DCF for ROSC)
12) Integrative Harm Reduction Therapy(Required)
13) Crisis Specialist Training and Certification (Required)
14) De-escalation Training (Required)
15) Optional training to consider but not required:
    a) SafeTALK
    b) Domestic Violence Training
    c) Safety Assessment site
    d) Simulation trainings
    e) QI monitoring instrument
    f) Lifeline training modules
    g) NRC tools
    h) Alliance of Information and Referral System (AIRS) Standards and the Network
    i) Diversity, Equity, and Inclusion trainings

Optional Trainings may be negotiated with the Thriving Mind System of Care Department.

II. Training and Professional Development and Continuous Quality Improvement

The MRT Provider will evaluate the effectiveness of its training program and the performance of staff, making necessary adjustments to ensure staff are appropriately trained in crisis intervention, as well as having the appropriate skills on how to refer individuals to service and conduct triage effectively. This evaluation must occur on a quarterly basis and be documented in its Continuous Quality Improvement (CQI) process. Thriving Mind may request documentation of these evaluations, trainings, and other relevant information, which must be provided upon request by the MRT Provider.

M. Collaboration

The Network Provider must collaborate with various community entities including Jewish Community Services 211, National Suicide Prevention Lifeline center provider (988), Law Enforcement, Schools, Community Centers, Assisted Living Setting, Independent Living Facilities, Hotels/Motels, Shelters, and receiving agencies, substance abuse detoxification agencies, and Homeless Continuum of Care.

There should be consistent engagement with community agencies, government entities, first responders, providers, and businesses in order to provide outreach and linkage for potential users of the system. Outreach and Community Education Activities can be held at these locations. Thriving Mind, at its sole discretion, may ask the MRT Provider, and the MRT Provider will agree, to conduct outreach and community education activities that benefit and are in the best interest of the community. Thriving Mind may require cross-work between Miami Dade and the Monroe County MRT.

As required by the Department of Children and Families **Appendix A, Guidance Document 34, Mobile Response Team**, MRT Providers must maintain formal Memorandum of Understandings (MOUs) or agreements with the Miami-Dade County School District and with the 211/988 Provider. These must be submitted annually to Thriving Mind. The MRT Provider must establish response protocols with local law enforcement agencies, 9-1-1 dispatch, 211 call centers, suicide prevention lifeline member centers (988) local community-based care lead agencies, child

protective investigators, the Department of Juvenile Justice, and local schools, including public K-12 schools, colleges, and universities.

MRT Teams must be able to work in collaboration with one another throughout the county, even if the Miami-Dade County quadrants (North, South, East, and West). Should one Team be responding to another call and unavailable to responding to a second call, another team must be able to take the call and provide face-to-face contact to the individual served within 60 minutes of the initial call.

N. Promotion and Community Education

The promotion of the services provided by the MRT is an important component of effectively increasing community access to MRT services. The following are elements of a successful marketing and communication plan:

1. Collaborating with other key stakeholders such as first responders, schools, shelters, and the ME for appropriate and community-centered marketing.
2. Distribution of materials based on the collaboratively developed marketing and communication plan;
3. Evaluation of educational and promotional material for targeted populations and most effective means of distributing materials;
4. Key metrics that can be used to assess the impact of the social marketing strategies/campaigns along with an evaluation plan to determine the effectiveness of the social marketing strategies/campaigns;
5. Assessment of effectiveness of the plan and adjustment of the approach as needed

Thriving Mind requires that all promotional materials created by the Network Provider on MRT services be submitted within thirty (30) calendar days prior to publication and receive written approval from Thriving Mind, and/or the Department of Children and Families Substance Abuse and Mental Health Office. At minimum, Thriving Mind requires that all flyers or ads be made available in English, Spanish, and Creole.

O. Technology and Communication

I. Mobile Response Teams must aim to include technology that allows for improved delivery of services including but not limited to:

- GPS-enabled mobile team dispatch
- Capability to coordinate telehealth services
- Access to an online communication mechanism or texting options
- Ability for calls to be forwarded to the next available MRT member answering calls when the Dispatcher is unavailable
- Ability for three-way calls to connect crisis calls to a language interpreter

Application of HIPAA compliant telehealth services must align with local regulations and should continue to involve other members of the MRT in face-to-face support as these advanced technologies are incorporated in crisis care practices.

II. Online Chat and Texting Options

It is encouraged that online chat options and texting options be utilized by the MRT Provider to receive communications from individuals in need. This will allow individuals who are in dangerous situations to communicate with the MRT Team in a safe way if they are unable to communicate their crisis telephonically.

III. Americans with Disabilities Act (ADA) and Preferred Language

MRT Teams must provide Auxiliary Aids and Services for the Deaf and Hard-of-Hearing and will make available the appropriate auxiliary aids and services at no cost to deaf or hard-of-hearing clients and companions. Additional ADA requirements may be found in the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35, and the Children and Families Operating Procedure (CFOP) 60-10, Chapter 4 entitled "Auxiliary Aids and Services for the Deaf and Hard-of-Hearing".

Teams should be able to find means of communicating to callers in their preferred language, regardless of if the team member is fluent or not in the caller's preferred language. Staff should communicate clearly regarding all options and offer services in the individual's preferred language whenever possible. Interpreter services should be available for translation of all calls for non-English speaking individuals.

P. Call Patterns

The MRT must have standard protocols in place for answering phone calls and receiving training on how to respond to individuals experiencing crisis. Thriving Mind requires, at a minimum, the following Call Patterns:

a. Upon receiving a call, MRT staff must identify themselves and indicate that the individual is calling the MRT Phoneline. Once a call is received by the Dispatcher or MRT Staff answering the phone, they must provide a screening referenced in **Section. E, Screenings and Assessments of Appendix B**.

b. Screenings that meet criteria must be forwarded to the Licensed Mental Health Clinician (LMHC). If not forwarded, the Dispatcher must document why the call did not meet the criteria to be forwarded. It is the expectation that the Dispatcher will try to diffuse the situation before sending the LMHC. Calls must be forwarded to LMHC if the individual is a high risk. High risk calls can include but are not limited to individuals experiencing mental distress, behavioral outbursts, mental decompensation, experiencing or re-experiencing trauma. Calls involving children, whether as the individual being served or child of the caller, must be prioritized.

c. Dispatchers must offer a follow-up call to the caller, regardless of presence or level of suicidality/risk. The only exception is if the caller is abusive. The MRT must document why a follow-up was not offered when this occurs. Depending on the risk of the caller, the Dispatcher can decide if a high risk (experiencing mental distress, behavioral outbursts, mental decompensation, experiencing or re-experiencing trauma) or standard follow-up is needed. Follow-up should also be offered to the individual who called seeking services for the person in crisis, i.e. friend/family, teacher, physical health provider, etc.

d. Calls from 211, 988, 911 and other first responders must be forwarded directly to the

Licensed Mental Health Clinician.

e. Licensed Mental Health Clinician must provide in-person responses to calls meeting the clinical threshold within 60 minutes. While in-person responses may be provided via telehealth (video conferencing), teams are expected to respond to the location where the crisis is occurring when determined safe. Telecommunication cannot be utilized to complete an assessment. MRT Providers must document in the **Thriving Mind Mobile Response Team Data Report** the reason why they did not engage with the caller in-person and utilized telehealth instead.

f. LMHC must complete an assessment for all calls that have been referred by the Dispatcher.

g. For calls other than referred to by 211, 988, or 911, the MRT LMHC may only utilize non-face-to-face communication (telehealth) under the following circumstances:
   - **The caller poses a danger or threat to staff**.
   - **All Licensed Mental Health Clinicians on all four (4) teams are currently serving other individuals**.
   - **An emergency event has affected the LMHC from meeting the individual in the community within the 60-minute time frame.** All emergency events must be documented and reported to Thriving Mind within 24 hours of occurring. Thriving Mind may request documentation proving that such incidents took place (i.e. accident report, insurance claim).

   ***All of these circumstances would be expected to be infrequent.**

h. Should a call drop or the caller hang-up, the Dispatcher or LMHC must attempt to call back the individual and document the time and date of the call if unable to reach the caller. There must be, at a minimum, three (3) attempts for callback via by telephone or an in-person attempt if an address is provided. Though a call may not meet criteria for voluntary hospitalization or Baker Act, the LMHC must make an attempt to provide face-to-face in person calls if considered a high risk.

i. If the caller declines MRT services, MRT staff must provide options for community services from the **Resource Behavioral Health Directory** and document where they were referred.

j. If the crisis is resolved prior to MRT arrival, MRT must document the resolution of the crisis in the **Thriving Mind Mobile Response Team Data Report**.

Q. Protocols to Address High Utilizers

The MRT Team must work with Thriving Mind's System of Care Department to develop protocols for High Utilizers of MRT services within the first month of contracting. The protocols must be approved by the Thriving Mind System of Care Department within sixty (60) days of contract execution.

R. Resource Behavioral Health Directory

The MRT provider shall develop and maintain an updated resource directory to include all Thriving Mind Network Providers under contract. This resource directory must be updated, at a minimum, annually, to provide appropriate referrals to individuals. Information on Network Providers can be found on the Thriving Mind Website: https://thrivingmind.org/providers

The directory must have at minimum:

- Name of Provider
- Phone
- Address
- Contact Person
- Contact Email
- Services Provided
- Locations Where Services are Provided

Appendix C

Thriving Mind Mobile Response Team Data Report and Instructions

Appendix C, Thriving Mind Mobile Response Team Data Report and Instructions is incorporated into this Invitation to Negotiate as a separate document due to the size of the document.

Please click on the following link
https://thrivingmind.org/providers/procurement

to access Appendix C, Thriving Mind Mobile Response Team Data Report and Instructions

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Appendix D, Crisis Scenario
ITN #015 Mobile Response Team (MRT)

Instructions: Please read the Crisis Scenario below and provide a response breaking down how your team will address the situation. Provide a step-by-step process. How will your team engage, assess, and provide a warm handoff if required? Describe how your team will follow-up after engagement. How will your team utilize a peer specialist for this scenario? Describe the individual's current needs and how they can be linked to the appropriate services to meet those needs. Ensure to list any organizations you plan to work with to ensure these services are coordinated appropriately. Limited to two (2) pages for your response.

HISTORY OF PRESENT ILLNESS

The caller is a 17-year-old, Black, Transgender Female experiencing homelessness. The caller reported being kicked out of her home at 15 and moved down to Miami, Florida within the last month. The caller came with her girlfriend but has since broken up with her. She was in a shelter upon arrival to Miami, but has since left due to feeling uncomfortable around the staff, who she reported treating her poorly. She is currently sleeping in a park at night and frequenting a Community Center during the day to wash her clothes and shower. She reports being sexually harassed while sleeping in the park and states she has been solicitated by men on several occasions. She reported that at night she tends to feel suicidal due to feelings of hopelessness and fear of never coming out of her current situation. She reports she has thought of stepping in front of a car to end her life. She states she only uses Marijuana and consumes alcohol if offered but does not engage in other drug use. She reports she does not take any medication.

PAST PSYCHIATRIC HISTORY

Hospitalized at 13 for suicidal ideations. She was on anti-depressant medication after her hospitalization but does not remember which one. She describes feeling depressed due to a sense of disconnect between her gender identity and her assigned sex at birth and how her family and society has treated her. She is currently unable to afford hormone treatment and states that for this reason people think she is "a boy with a wig." She reports that she may have an eating disorder but she is unsure as she does not eat often since experiencing homelessness.

SOCIAL HISTORY

She was born in Mississippi and grew up in the foster care system. She has never met her mother and father. She reports having no friends and her only real relationship is her girlfriend who she has broken up with and does not keep in contact with. She is looking for work but has difficulties due to her homelessness and having to pay for public transportation. She has no arrests but states she has had run-ins with police officers and being accused of trespassing. She states she volunteers at the Community Center to gain experience for her resume and to give back to the organization that has helped her with her experienced homelessness.

Limited to two (2) pages for your response:

Appendix E

Fiscal Forms

Appendix E, Fiscal Forms is incorporated into this Invitation to Negotiate as a separate document due to the size of the document. Please click on the following link

https://thrivingmind.org/providers/procurement

to access Appendix E, Fiscal Forms

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Appendix F
Cost Reimbursement Budget and Budget Narrative

Applicant: _____
ITN #015 – MRT for Miami-Dade County

		CONTRACTED	
LINE ITEMS		AMOUNTS	TOTAL
I. PERSONNEL SERVICES			
(a) SALARIES			
(b) FRINGE			
	TOTAL PERSONNEL =	$ -	
		==========	==========
II. EXPENSES			
(a) BUILDING OCCUPANCY			
(b) PROFESSIONAL SERVICES			
(c) TRAVEL			
(d) EQUIPMENT COSTS			
(e) FOOD SERVICES			
(f) MEDICAL AND PHARMACY			
(g)SUBCONTRACTED SERVICES			
(h)INSURANCE			
(i) INTEREST			
(j) OPERATING SUPPLIES & EXPENSES			

(k) OTHER/Training		$ -	
(l) DONATED ITEMS		$ -	
	TOTAL EXPENSES =	$ -	$ -
		==========	==========
III. NONEXPENDABLE PROPERTY			
(a) EQUIPMENT			
(b) PROPERTY		$ -	
	TOTAL NONEXPENDABLE PROPERTY =		$ -
		==========	==========
IV. COMPUTER HARDWARE, SOFTWARE,			
& SERVICES			
	TOTAL COMPUTER EXPENSES =		
		==========	==========
V. ADMINISTRATION			
		==========	==========
	GRAND TOTAL =		
		==========	==========

Applicant: _____ **ITN #015 – MRT for Miami-Dade County**

Budget Details:

1. Personnel:
2. Fringe Benefits:
3. Building Occupancy:
4. Professional Services:
5. Travel:
6. Equipment Cost:
7. Food Services:
8. Medical and Pharmacy:
9. Subcontracted Services:
10. Insurance:
11. Interest:
12. Operating Supplies and Expenses:
13. Other:
14. Donated items:
15. Non Expendable Property:
16. Computer Hardware, Software and Services:
17. Administration:

Budget Narrative

Instructions for Completing the Budget Narrative

Attach, in narrative form, an explanation and justification of all line-items listed using the following guidelines:

1. **Personnel:**

   a. List each position that will work on the contract with position title and description.

   b. List salary paid, for each position, from this contract.

   c. Enter the total amount of personnel costs.

2. **Fringe Benefits:**

   d. List fringe benefits separately (i.e., FICA, Worker's Compensation, Unemployment Compensation, Health Insurance, etc.)

   e. List total amount paid by applicant for each type of fringe benefit.

3. **Building Occupancy:**

Explain what the space will be used for and why it is necessary for the contract. Copies of lease agreements or proof of purchase may be required. If the building is not owned by the applicant, enter the lease or ownership cost (depreciation plus general liability insurance) or rent. If depreciation is not booked, the applicant may enter the prorated cost of space based on its use allowance (not to exceed two percent of the cost of acquisition) or develop and submit an inventory of assets showing cost, date of purchase, general condition, etc. Depreciation methodology of assets not consistent with IRS guidelines must be explained in the narrative.

4. **Professional Services:**

Explain in full the purpose and necessity of consultants or other professional staff.

5. **Travel:**

Explain who will be traveling, where they will be traveling and for what purpose, this includes travel to conferences. Expenditures properly chargeable to travel include registration payments, reimbursements of mileage for use of a privately-owned vehicle, per diem and subsistence allowance, common carrier transportation and other expenses incidental to travel which are authorized by law. Section 112.061, F.S. and Rule 69I-42 F.A.C. govern travel expenses.

Reimbursement rates of mileage for use of a privately-owned vehicle cannot exceed allowable rates paid by Thriving Mind South Florida (44.5 cents per mile).

6. Equipment Cost:

Explain the need for equipment. Copies of leases or rental agreements or proof of purchase will be required. Include equipment maintenance agreements and cost. Refer to the Reference Guide for State Expenditure for allowability.

The Reference Guide for State Expenditure can be located by clicking on the following link: https://www.flrules.org/gateway/readRefFile.asp?refId=11851&filename=1%20Ref%20Guide%20for%20State%20Expenditures.pdf

7. Food Services:

Indicate what types of services are being provided by whom (contract, agency, etc.), and to whom.

8. Medical and Pharmacy: Describe how these services are provided and how cost is determined.

9. Subcontracted Services:

Justify services provided under subcontracts and explain why they cannot be performed by existing agency staff. Explain if you will be subcontracting based on unit cost or line- item budget. All requests to subcontract must be approved by Thriving Mind prior to their effective date.

10. Insurance:

List types of insurance needed and explain need for each. Proof of insurance will be required. Employee health insurance must not be listed here (list in Fringe Benefits).

11. Interest:

List all interest costs, their expected duration and justify each.

12. Operating Supplies and Expenses:

List basic categories of normal office expenses (i.e. telephone, postage, utilities, etc.) It is not necessary to justify those which are self-explanatory. Justify any exceptional amounts.

13. Other:

Include any expected costs not listed above. Provide full justification for each.

14. Donated items:

Include items here that you expect to receive as donations, (i.e. space, supplies, equipment, etc.) Explain how donated items will be used to meet contract objectives and/or reduce costs.

15. Non-Expendable Property:

List all items to be purchased under this contract. Explain the need for each item and describe

how it will be used. Purchases exceeding $500 must be inventoried. An inventory listing of items purchased by this project will be required. Applicant should verify with Thriving Mind South Florida if specific OCO items to be purchased for this project are allowable.

16. Computer Hardware, Software and Services:

When acquiring computer hardware, software and services, regardless of cost, the applicant agrees to obtain prior written authorization and to follow the Department of Children and Families and the State Technology Office's Information Technology Resource purchasing procedures.

17. Administration:

Indicate briefly what costs by type you have included in administration.

All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, July 2014, or the latest revision thereof, which may be located at: **http://www.flrules.org/Gateway/reference.asp?No=Ref-04201**

Remainder of page left blank intentionally

Appendix G – Statement of Mandatory Assurances

Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	_____ **Initial**
Site Visits: The Applicant will cooperate fully with the SFBHN in coordinating site visits, if desired by SFBHN.	_____ **Initial**
Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEOP) must meets the requirements of 28 CFR 42.301.	_____ **Initial**
Lobbying and Integrity: The Applicant (Contractor) shall ensure compliance with Section 11.062, FS and Section 216.347, FS. The Applicant (Contractor) shall not, in connection with this or any other agreement with SFBHN, directly or indirectly (1) offer, confer, or agree to confer any pecuniary benefit on anyone as consideration for any SFBHN employee's decision, opinion, recommendation, vote, other exercise of discretion, or violation of a known legal duty, or (2) offer, give, or agree to give to anyone any gratuity for the benefit of, or at the direction or request of, any SFBHN employee. For purposes of clause (2), "gratuity" means any payment of more than nominal monetary value in the form of cash, travel, entertainment, gifts, meals, lodging, loans, subscriptions, advances, deposits of money, services, employment, or contracts of any kind. Upon request of an authorized SFBHN employee, the Applicant (Contractor) shall provide any type of information SFBHN deems relevant to the Applicant's (Contractor's) integrity or responsibility. Such information may include, but shall not be limited to, the Applicant's (Contractor's) business or financial records, documents, or files of any type or form that refer to or relate to the Contract. The Applicant (Contractor) shall retain such records for the longer of (1) three years after the expiration of the Contract or (2) the period required by the General Records	_____ **Initial**

Schedules maintained by the Florida Department of State (available at: http://dlis.dos.state.fl.us/barm/genschedules/gensched.htm). The Applicant (Contractor) agrees to reimburse SFBHN for the reasonable costs of investigation incurred by SFBHN for investigations of the Applicant's (Contractor's) compliance with the terms of this or any other agreement between the Applicant (Contractor) and SFBHN which results in the suspension or debarment of the Applicant (Contractor). Such costs shall include but shall not be limited to: salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Applicant (Contractor) shall not be responsible for any costs of investigations that do not result in the Applicant's (Contractor's) suspension or debarment. The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed $100,000 in total costs (45 CFR Part 93).	
Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	_____ **Initial**
Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	_____ **Initial**
Non-Collusion Declaration: The applicant declares: That all statements of fact in such bid/proposal are true; That such bid/proposal was not made in the interest of or on behalf of any undisclosed	

person, partnership, company, association, organization or corporation; That such bid/proposal is genuine and not collusive or sham; That the applicant has not, directly or indirectly by agreement, communication or conference with anyone attempted to induce action prejudicial to the interest of South Florida Behavioral Health Network, or of any other applicant or anyone else interested in the proposed contract; and further That prior to the public opening and reading of bids/proposals, the applicant: a. Did not directly or indirectly, induce or solicit anyone else to submit a false or sham bid/proposal; b. Did not directly or indirectly, collude, conspire, connive or agree with anyone else that said bidder or anyone else would submit a false or sham bid/proposal, or that anyone should refrain from bidding or withdraw his or her bid/proposal; c. Did not, in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to raise or fix the bid/proposal price of said bidder or of anyone else, or to raise or fix any overhead, profit, or cost element of the bid/proposal price, or of that of anyone else; d. Did not, directly or indirectly, submit his or her bid/proposal price or any breakdown thereof, or the contents thereof, or divulge information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent, or to any individual or group of individuals thereof to effectuate a collusive or sham bid, except South Florida Behavioral Health Network, and has not paid, and will not pay, any person or entity for such purpose or to any person or persons who have a partnership or other financial interest with the applicant in his or her business Any person executing this declaration on behalf of an applicant that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the applicant. I certify under penalty of perjury of the laws of the State of Florida California that the above information is correct.	_____ **Initial**
<u>Compliance and Performance:</u> The Applicant understands that the renewal of resulting contracts is contingent upon compliance with the requirements of this procured program and demonstration of performance towards completing the	_____ **Initial**

activities and meeting the contract objectives.	
Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	_____ **Initial**
Warranty of Ability to Perform. The Applicant warrants that, to the best of its knowledge, there is no pending or threatened action, proceeding, or investigation, or any other legal or financial condition, that would in any way prohibit, restrain, or diminish the Applicant's ability to satisfy its Contract obligations. The Applicant warrants that neither it nor any affiliate is currently on the convicted vendor list maintained pursuant to section 287.133 of the Florida Statutes, or on any similar list maintained by any other state or the federal government. The Applicant shall immediately notify the SFBHN in writing if its ability to perform is compromised in any manner during the term of the Contract.	_____ **Initial**
Assignment. The Applicant (Contractor) shall not sell, assign or transfer any of its rights, duties or obligations under the resulting Contract(s), or under any purchase order issued pursuant to the Contract, without the prior written consent of the SFBHN. In the event of any assignment, the Applicant remains secondarily liable for performance of the contract, unless the SFBHN expressly waives such secondary liability.	_____ **Initial**
Submission of Data: The Applicant agrees to provide data and other information requested by SFBHN.	_____ **Initial**
Submission of Reports: The Applicant agrees to submit progress reports and any fiscal reports to SFBHN.	_____ **Initial**
Annual Appropriation: The SFBHN's performance and obligation to pay under the resulting contract is contingent upon an annual appropriation by the Florida Department of Children and Families.	_____ **Initial**

By signing and submitting this agreement, the Applicant certifies that it will comply with all the above requirements.

_____ _____ _____

Applicant Signature Title Date

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Appendix H
Fatal Flaw and Technical Review Checklist
ITN #015 – Mobile Response Team for Miami-Dade County
Thriving Mind South Florida Use Only

Failure to comply with all mandatory requirements may render an application non-responsive and ineligible for further evaluation.

Section A.

Applicant's Name: _____

Thriving Mind Reviewers Name:

_____

Thriving Mind Reviewers Signature: _____ Date:

_____

Witness's Name: _____

Witness's Signature: _____ Date: _____

Section B.

Item #	Requirement	
1.	Was the application received by the date and time specified in the solicitation and at the specified address?	☐ (YES) = Pass ☐ (NO) = Fail Comments:
2.	Was one (1) original electronic application submitted?	☐ (YES) = Pass ☐ (NO) = Fail
3.	Was a completed Cover Page included in the	☐ (YES) = Pass ☐ (NO) = Fail

	application and was it signed by an authorized representative. (**found in Section V.**)	
4.	Was the Mandatory Non-Binding Letter of Intent to Apply along with Thriving Mind e-mail confirmation submitted?	☐ (YES) = Pass ☐ (NO) = Fail
5.	Was the Table of Content included in each of the submissions?	☐ (YES) = Pass ☐ (NO) = Fail
6.	Did the application adhere to the formatting requirements specified in the bid?	☐ (YES) = Pass ☐ (NO) = Fail
7.	Did the applicant adhere to the page limitation requirements?	☐ (YES) = Pass ☐ (NO) = Fail
8.	Did the applicant submit an agency Organizational Chart (Table of Organization) with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding?	☐ (YES) = Pass ☐ (NO) = Fail
9.	Did the applicant submit a complete Appendix D, Crisis Scenario?	☐ (YES) = Pass ☐ (NO) = Fail
10.	Did the applicant submit a complete Appendix E, Fiscal Forms?	☐ (YES) = Pass ☐ (NO) = Fail
11.	Did the applicant submit a complete Appendix F, Cost Reimbursement Budget and Budget Narrative in its full completion?	☐ (YES) = Pass ☐ (NO) = Fail
12.	Did the applicant provide an implementation plan?	☐ (YES) = Pass ☐ (NO) = Fail

Section C.

Has Thriving Mind verified that the Applicant is not on the Convicted Vendor List or the Discriminatory Vendor List?

1. System for Award Management (https://www.sam.gov/portal/SAM/#1#1)

☐ (YES) = Pass ☐ (NO) = Fail

Comments:

Section D.

1. Were any documents required as part of the Technical Review missing from the application? ☐ YES ☐ NO

Procurement Manager Initials: _____

If so, please list the documents that were missing

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

2. Was the applicant provided an opportunity to cure? ☐ YES ☐ NO ☐ N/A

3. ***Providing an applicant agency to cure is at Thriving Mind's sole discretion.***

   If so, attach the letter/e-mail request issued by the Procurement Manager.

   Procurement Manager Initials: _____

4. Did the applicant provide all requested documentation by the deadline identified in the request issued by the Procurement Manager?

   ☐ YES ☐ NO ☐ N/A

Procurement Manager Initials: _____

5. Did the application move to Phase II, Substantive Review?

☐ YES ☐ NO ☐ N/A
Procurement Manager Initials: _____

Remainder of page left blank intentionally

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Miami, Florida 33126
(305) 858-3335
ThrivingMind.org

Appendix I

Invitation to Negotiate # 015

Mobile Response Team for Miami-Dade County

Evaluation Manual

For Thriving Mind Use Only

Applicant's Name: _____

Evaluator's Name (Print): _____

Evaluator's Signature:_____ Date: _____

Reviewers will be provided with a copy of the assigned applications and the scoring sheets. Reviewers are expected to exercise independent judgement when evaluating each application. Evaluators will document the applicant's responses to the questions in the bid; identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the project, and whether the project presents the best value to the community.

The table below provides a guide for reviewers in assigning overall scores and individual criterion scores.

Each review criterion should be assessed based on the strength of that criterion in the context of the work being proposed.

The entire scale (1-9) should always be considered. The scale below must be used for all criteria except when scoring Letters of Support and the Crisis Scenarios. The Letters of Support and the Crisis Scenario section carry their own distinct scoring as described in this section.

Overall Impact or Criterion Strength	Scoring Scale	Descriptor
Low	**1**	**Poor**
	2	**Marginal**
	3	**Fair**
Medium	**4**	**Satisfactory**
	5	**Good**
	6	**Very Good**
High	**7**	**Excellent**
	8	**Outstanding**
	9	**Exceptional**

If deemed necessary by the evaluators, the evaluators will have the option to request additional clarifications from applicants to better understand key elements of the proposed project and/or (2) request a formal presentation by the applicant, (3) submit questions that the Thriving Mind staff can ask the applicant to better understand key elements of the proposed project.

Letters of Support: Applicants may provide letters of support from specific community entities which include Jewish Community Services for their 2-1-1 and 988 hotlines, Miami-Dade County School District, and Municipal Police Departments or Miami-Dade County Police Department. Each letter is worth five (5) points and only letters from these entities may be accepted. Providers can only score up to 15 points for letters submitted, meaning they may only provide a total of three (3) letters to obtain the full amount.

Crisis Scenario: Applicants must complete Appendix D, Crisis Scenario. Reviewers may score up to thirty (30) points in this category depending on the response given. Applicants must provide answers to the questions listed in Appendix D, but also must provide an adequate and realistic description of how their team will answer a crisis call of this nature.

Responses	Scoring Scale	Descriptor
The applicant's response to the crisis event did not provide a clear and effective step-by-step process and did not address how the team would engage, assess, and provide a warm handoff. The applicant did not provide a logical framework for follow-up after engagement. The applicant does not have experience in offering Peer Services. The applicant has no community relationships with other organizations to coordinate linkage to care.	**1-10**	**Poor**
The applicant's response showed a clear step-by-step process of how to engage, assess, and provide a warm hand-off to individuals seeking MRT services. The applicant demonstrated some understanding of how to provide follow-up for the individual seeking assistance. The applicant has some experience with offering Peer Services but may not have a solid program structure in place. The applicant addressed some of the individual's needs but not all. The applicant may have built some relationships in the community, but they may be limited or irrelevant to services needed.	**11-20**	**Good**

The applicant demonstrated the agency's knowledge and ability to provide a clear, structured, and logical step-by-step process that described in detail how the team would engage, assess, and provide a warm hand-off. The applicant demonstrated their strength and experience in providing follow-up after engagement, how the agency would address current needs, and how they would link individuals seeking services to community organizations. The applicant has several Peer Specialists staffed at their agency and an extensive Peer Service Program. The applicant as established MOUs in place with several agencies to coordinate linkage to care.	**21-30**	**Exceptional**

The Procurement Manager will provide the results of the scores to the Thriving Mind President/CEO for review. The Thriving Mind President/CEO will consider other factors such as but not limited to, past and current performance of the applicant, financial stability of the applicant organization, current or closed corrective action plans, report cards, and other factors before presenting the final recommendation for contract negotiations to the Executive Committee of the Board. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

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Section 1. – Narrative – Abstract (Maximum 63 points)		
Evaluation Criteria	**Assigned Score (Score 1-9)**	**Comments/Notes**
1. Abstract		
a. Did the applicant describe motivations that would include improving the community or providing better services to those experiencing crisis?		
b. Does the applicant demonstrate knowledge, skill, and the ability to manage team-approach services that seem similar to the services to be provided by MRT?		
c. Does the applicant's agency currently offer 24/7 behavioral health services? If so, did the applicant provide a description of this service/program and how it is operated. Did the applicant indicate if community members, or outside agencies, are able to contact the agency outside of normal business hours?		
d. Did the applicant demonstrate experience working with children, youth, and adults in the community experiencing a crisis?		
e. Does the applicant demonstrate knowledge, skills, and the ability to triage behavioral health crisis calls and describe its follow-up process after an initial crisis intervention?		

Did the applicant submit a copy of its triage/decision tree and/or their protocols as supporting documentation?		
f. Is Recovery Oriented System of Care (ROSC) incorporated in a way that promotes good quality of life, community health, and wellness for all? Did the applicant demonstrate knowledge of ROSC principles?		
g. Did the applicant describe their agency's knowledge, involvement and/or experience with MRT services?		

Definitions:

1. Recovery Oriented Systems of Care (ROSC)- A ROSC is a network of clinical and nonclinical services and supports that sustain long-term, community-based recovery. As local entities, ROSCs implement the guiding principles of recovery orientation while reflecting the unique variations in each community's vision, institutions, resources, and priorities. Behavioral health systems and communities form ROSCs to:
    - Promote good quality of life, community health, and wellness for all.
    - Prevent the development of behavioral health conditions.
    - Intervene earlier in the progression of illnesses.
    - Reduce the harm caused by substance use disorders and mental health conditions on individuals, families, and communities; and
    - Provide the resources to assist people with behavioral health conditions to achieve and sustain their wellness and build meaningful lives for themselves in their communities.

2. Follow-Up- Engaging in telephonic or in-person contact efforts, ensuring the caller's safety and connection to community mental health resources

Section 1. Total Score: _____

Reviewers Initials: _____

Section 2 – Narrative – Capacity/Readiness (Maximum 81)		
Evaluation Criteria	**Assigned Score (Score 1-9)**	**Comments/Notes**
2. Capacity/Readiness		
a. Did the applicant describe their agency's organizational readiness for implementing a Mobile Response Team? Did the applicant demonstrate the ability and infrastructure that will support the implementation?		
b. Did the applicant describe what are some implementation barriers the agency anticipates, and how the agency will overcome those barriers? Are the anticipated barriers easily resolvable and how quickly may they be resolved or not?		
c. Did the applicant provide a thorough description of how the MRT will ensure calls receive the appropriate face-to-face and/or follow-up services if an unforeseen emergency event occurs?		
d. Does the applicant have an established Continuous Quality Improvement system that monitors adherence to performance outcome and implements remedies to correct deficiencies when necessary to ensure measures are met? Did the applicant demonstrate that is has the ability to meet and monitor the performance measures listed in Guidance Document 34 and Appendix B?		
e. Did the applicant describe their agency's warm handoff process? Did the applicant		

describe relationships with other entities to provide these warm handoffs?		
f. Did the applicant describe how the MRT will handle after hours crisis calls for individuals that do not meet Baker Act criteria but require a referral for community behavioral health services? Did the applicant describe follow-up services to be provided by the MRT and the length of time the Team will engage the individual?		
g. Do the trainings listed by the applicant demonstrate adequate education and training for the various tasks that must be completed by the Master's Level Dispatcher? This includes deescalating calls, provide warm handoffs to other entities, conduct wellness checks, complete triage screenings, and determine if a call meets criteria for forwarding to the Licensed Mental Health Clinician, 911, or both.		
h. Do the examples listed by the applicant indicate an understanding of emergency situations (health and safety), and non-emergencies and how cases would be triaged appropriately		
i. Did the agency submit Monitoring Reports and Corrective Action Plans (CAP) issues by Thriving Mind and were they submitted as part of the application? i. If the applicant is on a current CAP, what is the severity of the CAP(s) and would such		

deficiencies be of concern in implementing a viable MRT program? Please explain why in the comments. ii. If the CAP(s) are still open, did the applicant describe steps their agency has taken to correct the issues indicated in their CAP(s)? Are the steps described by the applicant reasonable, implementable, and measurable? iii. If the CAPs are closed, how long did the process take to correct their CAP and receive a letter indicating successful implementation?		

Definitions

1. *Continuous Quality Improvement (CQI)*- is a progressive incremental improvement of processes, safety, and care. The goal of CQI may include improvement of operations, outcomes, systems processes, improved work environment, or regulatory compliance.
2. *Warm Handoff*- a transfer of care between two members of the behavioral or mental health care team, where the handoff occurs in front of the individual being served and/or the individual's family.

Section 2. Total Score: _____

Reviewers Initials: _____

Section 3 -Narrative - Proposed Program (Maximum 81 points)		
Evaluation Criteria	**Assigned Score (Score 1-9)**	**Comments/Notes**
3. Proposed Program		
a. Did the applicant list Evidence Based Practices (EBP) the agency will be utilizing? Did the applicant describe how fidelity to the EBPs will be maintained? Did the applicant demonstrate the knowledge, skills, and ability to monitor and maintain fidelity to the EBPs? Are the EBPs appropriate for the target population?		
b. Did the applicant submit all the screening and assessment tools the MRT will use, which team member will use these tools, qualifications needed by the team member completing the assessment/screening, and at what stage in the call process are these tools used? Are these tools appropriate to address the needs of the MRT team and individuals experiencing crisis?		
c. Did the applicant propose a viable plan to respond to crisis calls after the first sixty (60) calendar days of contracting with Thriving Mind. Does the plan indicate that the MRT provides in-person or telehealth (video conferencing) assessments by a Licensed Mental Health Clinician within the 60-minute timeframe?		

d. Does the applicant's plan to provide MRT services to the four (4) quadrants of Miami-Dade County (North, South, East, and West) seem reasonable and allow for quick responses?		
e. Did the applicant provide adequate description of service delivery to individuals that are decompensating, do not meet Baker Act criteria, but the Licensed Mental Health Clinician determined that the individual would benefit from MRT services?		
f. What resources are being leveraged and does the applicant have additional services that individuals in crisis may utilize apart from the services offered by MRT?		
g. Did the applicant provide reasonable exceptions for providing Telehealth services? Did the applicant demonstrate an intention to address the caller's needs within a set time frame?		
h. Did the applicant submit a communication plan that describes strategies for promoting their Mobile Response Team service? Will these strategies effectively reach members of the diverse community of Miami-Dade County?		
i. Did the applicant provide an implementation plan for this program to be operational by January 1, 2023? Did the implementation plan provide a complete		

breakdown of recruitment, staffing, technology, and the implementation of services. All these steps must include the person responsible for implementation of each area and the dates of completion.		

Questions to consider when reviewing Section 3 – Proposed Program

Definitions

1. *Evidence Based Practice*- Evidence based practice (EBP) is the integration of best research evidence with clinical expertise and patient values, which when applied by practitioners, will ultimately lead to improved patient outcome.

Section 3. Total Score: _____

Reviewers Initials: _____

Section 4 – Narrative - Staffing MRT Team(s) (Maximum 90 points)		
Evaluation Criteria	**Assigned Score (Score 1-9)**	**Comments/Notes**
4. Staffing MRT Team (s)		
a. Did the applicant describe how the MRT will implement their start-up in terms of: (1) Recruitment of qualified staff per the requirements in this ITN, (2) required trainings, (3) background screening, (4) office location for each of the teams, (5) technology, (6) roles and supervisory responsibilities, (7) caseload sizes, (8) referrals, and (9) outreach efforts for the first 6 months of the MRT program. Did the description provided by the applicant seem reasonable and achievable to begin services within the first 60 calendar days of contract execution?		
b. Is the applicant currently experiencing staffing shortages? If so, did the applicant describe measures the applicant is taking to ensure that the		

individuals the applicant serves in other services are receiving the appropriate and necessary care? Did the applicant explain how their agency addresses challenges with recruitment and retention of professional staff? Did the applicant describe what measures their agency has taken to hire and retain staff? Does the applicant describe means of avoiding occupational burnout amongst current staff?		
c. Did the applicant describe reasonable measures the agency will take to ensure that the MRT program is appropriately and fully staffed? Did the applicant explain what steps will be in place to manage and maintain operations if staffing shortages affect the MRT Team?		
d. Did the applicant describe the minimum staffing pattern referenced in Appendix B, Thriving Mind Mobile Response Team Requirements? Did the applicant offer additional staffing beyond the minimum requirements and does it seem reasonable for the 24/7 365 day services that must be provided by the MRT Team? Does the proposed structure meet the needs of the requirements referenced in Appendix A, Guidance 34, Mobile		

Response Team (MRT) and Appendix B?		
e. Did the applicant describe the activities that idle Mobile Response Team staff will be engaged in when they are in the office and not out in the community responding to a crisis call? Are all the activities solely related to MRT services as required by the Guidance Document 34 and Appendix B?		
f. Did the applicant describe how their agency will ensure that their MRT team is only to be utilized for MRT services, under the MRT guidelines, and will not be utilized in other agency programming? Did the applicant name an individual or title who will be responsible for ensuring that the MRT staff is only engaged in MRT activities/services and describe the process?		
g. Did the applicant describe how the Mobile Response Team will access a board-certified or board-eligible psychiatrist or Psychiatric Nurse Practitioner to provide phone consultation to the team within fifteen (15) minutes of a request from Mobile Response Team, including outside of normal business hours? Did the applicant mention incorporating a sub-		

agreement or hiring someone full-time or part-time?		
h. Did the applicant describe how Peers will be incorporated into the service array provided by the Mobile Response Team? Did the applicant describe the role and function of certified peer specialists on the MRT?		
i. Did the applicant describe how the agency will monitor Peer services provided to individuals served by the MRT?		
j. Did the applicant demonstrate that the Certified Peer Specialists on the MRT teams will receive appropriate support services?		

Section 4. Total Score: _____

Reviewers Initials: _____

Section 5 – Narrative – Partnerships (Maximum 24 points)		
Evaluation Criteria	**Assigned Score (Score 1-9) Assign a score of 5 per letter, totaling no more than 15 points for a maximum of three (3) letters.**	**Comments/Notes**
5. Partnerships		
a. Did the applicant provide Support Letters from Jewish Community Services for the 211 and 988 hotlines, Miami-Dade County School District, and Municipal Police Departments or Miami-Dade County Police? **(up to 3 letters maximum, 5 points per letter, up to total score of 15 points)**		
b. Did the applicant describe the agency's history with these organizations and entities and how they have worked together in order to provide services to the community, if applicable? **(Score 1-9)**		
Section 5. Total Score: _____ Reviewers Initials: _____		

Section 6. Narrative – Technology (Maximum 54 points)		
Evaluation Criteria	**Assigned Score (Score 1-9)**	**Comments/Notes**
6.Technology		
a. Did the applicant describe what current technology their agency has available which would be useful for a Mobile Response Team, i.e. tablets, cell phones, dispatcher equipment?		
b. Did the applicant describe if their agency currently has technology to receive crisis calls and how the technology is utilized to receive calls of this nature?		
c. Did the applicant describe what experience their agency has with offering telehealth services to the community?		
d. Did the applicant demonstrate having a recorder, tracker, or system in place for crisis calls and response metrics? Is the system capable of providing reports or capable of producing quantifiable data?		
e. Did the applicant share any current technological barriers their agency is experiencing and how this funding may change these barriers?		

f. Did the applicant describe how technology affects their productivity without sacrificing face-to-face (in-person or video conferencing) interactions with individuals?		

Section 6. Total Score: _____

Reviewers Initials: _____

Section 7 – Narrative – Scenario (Maximum 30 points)		
Evaluation Criteria	**Assigned Score (Score 1-30)**	**Comments/Notes**
7. Scenario		
Did the applicant provide an informative and adequate response to scenario presented to them in Appendix D, Crisis Scenario, which presents a crisis caller's history of present illness, past psychiatric history, and social history?		
Section 7. Total Score: _____ Reviewers Initials: _____		

Reviewer's Overall Comments and Final Score

Applicant Name: _____

Max Total Score: 423

Comments:

Total Assigned Score: _____

_____ _____

Reviewer's Name (Print) Reviewer's Signature

Date: _____

_____

THRIVING MIND
SOUTH FLORIDA®
A network of exceptional mental health and substance use treatment providers.

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Appendix J

Invitation to Negotiate # 015

Mobile Response Team
for
Miami-Dade County

Assessment of Financial Stability

For Thriving Mind Use Only

Applicant Organization Name: _____

Thriving Mind Reviewer Name and Signature: _____
Date: _____

Determination of Financial Stability – Thriving Mind staff will review the applicant's information and determine the information below based on the information and the financial documents submitted by the applicant.

Audit report Date as of	
Current Assets	
Cash on hand	
Other Assets	
Non-current assets	
Total Assets	
Current Liabilities	
Long Term Liabilities	
Net Assets	
Total Liabilities & Net Assets	
Total Annual Expenses	
Change in Net Assets	
Current Ratio:(Current Assets/Current Liabilities) >1.5 is good	
Days cash on hand:>60 days ideal, > 30 days is good	
Working Capital: (Positive is good)	
Cash Ratio (cash/current liabilities) >1 is good	
Net Assets as a Percentage of Expenses > 10% is good	
Loss In term of Net assets	
Type of opinion	

Any instances of material weakness	
In financial reporting?	
Any instances of fraud?	
Any instances of significant deficiency in financial reporting?	
Any instance of non-compliance or other matters as required by GAS?	
Note:	Overall standing=