

**CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK,
INC.**



REQUEST FOR PROPOSAL (RFP)

**Florida Assertive Community Treatment (FACT)
Services in
Charlotte, Sarasota, North Lee, and South Lee Counties**

**RFP #171803FACT
Release Date: February 21, 2018**

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Solicitation of Responses

1. Introduction

1.1. Statement of Need

Central Florida Behavioral Health Network, Inc. (CFBHN), a managing entity contracted with the Department of Children and Families (DCF), is issuing this solicitation for the purpose of obtaining a non-profit vendor in the service area of **Sarasota, Charlotte, North Lee, and South Lee Counties** to provide Florida Assertive Community Treatment (FACT) services to the identified population. The four teams will be evaluated and awarded to bidders separately. The delivery of these services will embrace access of care, integration of services, and be cost efficient and effective. A failure to read, understand, or comply with the terms of this solicitation may result in CFBHN's inability to accept or fully consider the response. Parties interested in responding to the solicitation should read the solicitation in its entirety before contacting the CFBHN Contact Person for further information or submitting written inquiries.

The selected vendor will develop and operationalize services with the collaboration and oversight of CFBHN to ensure continuity and to provide services as determined by CFBHN as well as in **Guidance Document 16**.

Applications should embrace the CFBHN core values:

- Innovation
- Agility
- Inspiration
- Accountability

CFBHN expects services to be consumer driven. This will be accomplished by coordinating services and being culturally and linguistically competent. The vendor is expected to be an integral part of the community and to be responsive to the needs of the community. In addition, services must be focused on recovery, not just maintenance, for those served and their families. CFBHN encourages vendors to submit proposals (also called responses) that incorporate peer specialists and innovative approaches that promote recovery, treatment, and community integration, and increase access to services that includes family involvement and reduces reliance on higher levels of care (acute and residential). CFBHN expects proposals to address the ability to increase efficiency, while maximizing resources toward reductions in administrative costs.

Vendors agree to follow all applicable Federal and State of Florida rules, regulations and statutes related to contracting and service provision for mental health and substance abuse services. Vendors will have in place any licenses required to provide these services prior to the **July 1, 2018** start date. As a provision of this RFP, the vendor will comply with CFBHN's Standard Contract, Subcontract, Attachments, Exhibits, Guidance Documents, and Reporting Templates or the latest revisions thereof (identified in **Section 7.8**).

CFBHN finds that unmet behavioral health needs constitute significant health problems for residents, are a major economic burden through increased demand on parallel State and

local governmental community programs, and limit an individual's ability to live, work, learn, and participate fully in their community.

The selected vendor must demonstrate that it has an established record of performance and financial stability and that it can; (1) meet at a minimum the outcomes and performance measures; (2) increase access for those in need of care; (3) improve the coordination and continuity of care for vulnerable and high risk populations; and (4) meet the licensure requirements connected with providing these services. The approach must demonstrate a vision to blend in and leverage the full extent of the available resources by structuring a System of Care that can identify the opportunities and align itself with the momentum of the industry.

The selected vendor will be responsible for the service provision, administration, management, and contractual obligations for the indicated target populations identified in **Guidance Document 16** and will provide services as identified in this RFP for individuals with behavioral health disorders, as authorized in the Florida Statutes.

1.2. Statement of Purpose

CFBHN is seeking qualified organization(s) interested in the delivery of FACT team services for the identified populations in Sarasota, Charlotte, North Lee, and South Lee Counties, resulting from this RFP. The four teams will be awarded separately.

1.3. Authority

Subsections 20.19, 39.001(2), 39.001(4), 287.57, 394.457(3), 394.74, 394.9082, 397.305(3), 397.321(4), and 916, F.S., and the master contract with the Department gives the authority to contract for these services. The selected vendor must comply with all applicable Federal and State laws, regulations, and program guidelines. The selected vendor must also comply with any other applicable Federal or State laws, court orders, and administrative rules that may be enacted during the service period of the anticipated contract.

1.4. Term of Contract and Renewal

The anticipated initial term of the contract entered into with the successful vendor is twelve (12) months beginning **July 1, 2018** and ending June 30, 2019, with renewal for a term not to exceed one (1) year (until CFBHN's contract with DCF is renewed). Such renewals will be for twelve months in each fiscal year by mutual agreement and shall be contingent on satisfactory performance evaluations and availability of funds. Services included in the RFP may be amended, added to, and/or deleted during the contract negotiations.

1.5. Definitions

The definitions found in the Standard Contract Definitions, located at:

<http://www.dcf.state.fl.us/admin/contracts/docs/GlossaryofContractTerms.pdf> are incorporated into and made a part of this RFP. Additional definitions are set forth in **Exhibit A1 – Program and Service Specific Terms** (identified in **Section 7**). The following are supplemental definitions:

- **Community-Focused** – Planning, management, and decision-making should ensure that resources are designed to build on the unique strengths and meet the specific needs of the local communities.
- **Consumer-Focused** – A System of Care that focuses on the needs of the individuals being served.
- **Co-occurring Disorder** – Most often defined as at least one mental illness disorder and one substance abuse disorder, where the mental illness disorder and substance abuse disorder can be diagnosed independently of each other.
- **Cultural and Linguistic Competence** – A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable effective work in Cross-cultural situations that provide services that are respectful and/or responsive to cultural and linguistic needs. (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).
- **GAA Measure** – A performance measure established by the Florida Legislature in the General Appropriations Act to assess agency outcomes in relation to appropriations.
- **General Appropriations Act (GAA)** – The authorization of the Legislature for the expenditure of amounts of money by an agency for stated purposes in the performance of the functions it is authorized by law to perform.
- **Integrated Planning** – A planning process that includes interagency planning, resource- shaping, and service delivery linked among the Department's programs and the community's service agencies. Through a shared philosophy, coordinated intake, service planning, care management, and continuity of service provision, the System of Care should appear seamless to the individuals served and family. Information systems must be designed to support this approach.
- **Principles of Recovery** – The principles include choice, hope, trust, personal satisfaction, interdependence, and community involvement. Services should be strength-based, focusing on the person's competencies, and treatment should focus on the whole person, not solely on mental health and substance abuse needs. The objective is to help individuals regain their roles and independence in the community so that they may live meaningful and purposeful lives; reflective of themselves not the diagnosis they are given.
- **Resiliency** – The ability to rebound from adversity, trauma, tragedy, threats, or other stresses and to go on with life with a sense of mastery, competence, and hope.
- **Response** – Any documents submitted in response to this request to negotiate procurement document to be considered for contract award as a selected Managing Entity for the Department.
- **Telehealth** – The delivery of health-related services and information via telecommunications technologies.

- **Telemedicine** – The use of telecommunication and information technologies in order to provide clinical health care at a distance. It helps eliminate distance/transportation barriers and can improve access to medical services that would often not be consistently available in distant rural communities.

2. RFP Process

2.1. Contact Person

This RFP is issued by CFBHN. The single point of contact for e-mail communication regarding this RFP is:

Steven Jorgenson, Director of Contracts & Procurement
Central Florida Behavioral Health Network, Inc.
719 South US Highway 301
Tampa, FL 33619
SJorgenson@CFBHN.org

The subject line of the email should be: “**RFP 171803FACT – Inquiries**”.

2.2. Posting

All Official Notices, decisions, and intended decisions and other matters relating to the procurement will be electronically posted on Central Florida Behavioral Health Network’s website at <https://www.cfbhn.org/contracting-procurement/>.

CFBHN may also post the evaluation and the Notice of Intended Award or other information or notices relating to the procurement at the following location: 719 South US Highway 301, Tampa, FL 33619, where it will remain for 72 hours thereafter. This is considered as a secondary posting. Notice is specifically given, however, that the secondary posting is not an official posting and that any protest must be filed within 72 hours of the official notice posting on the Internet as described above. Additionally, the physical posting will not extend the time permitted within which to file a protest. It is the responsibility of those submitting a response to the solicitation to obtain the results from the Internet posting in sufficient time to protect their own interests, should they care to do so. Likewise, any faxed information with regard to the results of this procurement will not extend the time limits to file a protest.

2.3. Vendor Disqualification

Failure to have performed any contractual obligations with CFBHN or the Department, in a manner satisfactory to CFBHN or the Department, will be sufficient cause for disqualification—unless explicitly allowed to participate in the procurement in compliance with CFBHN policy. To be disqualified as a vendor under this provision, the vendor must have:

- Previously failed to satisfactorily perform in a contract with the Department or CFBHN, been notified by the department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the department; or
- Had a contract terminated by the Department for cause; or

- Not met all of the mandatory requirements specified in **Section 5.3.**

2.4. Limitations on Contacting CFBHN Personnel

All communications with CFBHN employees as they relate to this RFP are prohibited during the time period in which the RFP is released and throughout the end of the 72-hour period following CFBHN's posting of the notice of intended award. The aforementioned 72-hour period excludes Saturdays, Sundays, and state holidays. Vendors may only communicate via electronic communications to the Procurement Manager or as provided in the solicitation documents. Violation of this provision may result in the vendor being disqualified from this procurement. Additional instructions for the electronic communications are listed in **Section 2.1.**

2.5. Schedule of Events and Deadlines

Any proposal submitted after **close of business on March 21, 2018** will not be accepted and will be returned to the applicant unopened.

Schedule of Activities			
Activity	Date	Time	Address
Request for Proposal (RFP) Released	2/21/18	5:00 PM	Posted on the CFBHN website www.cfbhn.org in the Competitive Procurement Advertisements web page
Vendor Solicitation Conference*	2/26/18	11:00 AM	Conference Call Info: Dial-In: 1-877-273-4202 Conference Room ID: 4880564
Mandatory Written Notice of Intent to Participate Due**	2/28/18	5:00 PM	Steven Jorgenson, Director of Contracts & Procurement SJorgenson@cfbhn.org
Submission of Written Inquiries Due	2/28/18	5:00 PM	Steven Jorgenson, Director of Contracts & Procurement SJorgenson@cfbhn.org
Anticipated Date for Posting CFBHN's Response to Inquires	3/6/18	5:00 PM	CFBHN's Competitive Procurement Advertisements website: https://www.cfbhn.org/contracting-procurement/
Sealed Proposals Must be Received by CFBHN	3/21/18	5:00 PM	Steven Jorgenson, Director of Contracts & Procurement 719 South US Highway 301 Tampa, FL 33619
Opening of RFP(s)	3/22/18	8:00 AM	CFBHN 719 South US Highway 301 Tampa, FL 33619
Evaluator Team Meeting & Distribution of Proposals	3/22/18	10:00 AM	CFBHN 719 South US Highway 301 Tampa, FL 33619
Debriefing Meeting of the Evaluators and Ranking of the Responses*	4/13/18	10:00 AM	CFBHN 719 South US Highway 301, Tampa, FL 33619 Conference Call Info: Dial-In: 1-877-273-4202 Conference Room ID: 4880564
Invitations to Present Sent (Providers May be Sent Specific Questions for Clarity to be Addressed During Their Presentation(s))	4/13/18	5:00 PM	Steven Jorgenson, Director of Contracts & Procurement SJorgenson@cfbhn.org
Presentations***	4/18/18 To 4/20/18	All day	CFBHN 719 South US Highway 301 Tampa, FL 33619
Posting of Proposal Scores and Notice of Intent to Award the Contract	4/20/18	5:00 PM	CFBHN's Competitive Procurement Advertisements website: https://www.cfbhn.org/contracting-procurement/
72-Hour Protest Period	4/20/18 To 4/24/18	N/A	N/A
Anticipated Negotiation Period	4/25/18	N/A	CFBHN 719 South US Highway 301 Tampa, FL 33619

Anticipated Effective Date of Contract	7/1/2018	N/A	N/A
All vendors are hereby notified that the meetings noted with an asterisk above () are public meetings open to the public as provided in Chapter 119, Florida Statutes, and may be electronically recorded by any member of the audience. Although the public is invited, no comments or questions will be taken from vendors or other members of the public (except for the Vendor Solicitation Conference, in which comments and questions will be taken from vendors).			
**All vendors who want to participate in this procurement must provide a written email stating they intend to participate in the process and want to receive communication throughout the process. Vendors are still responsible to check the website for any official updates or modifications to this procurement.			
***Presentations will not be open to the public. Presentations will be recorded in compliance with the Sunshine Law.			
All dates and times are subject to change.			
All times in the Schedule of Activities are local times for the Eastern Time Zone.			

2.6. Vendor Solicitation Conference

The purpose of the Vendor Solicitation Conference is to review the RFP with interested vendors. CFBHN encourages all prospective vendors to participate in the solicitation conference, during which vendors may pose questions. CFBHN shall be only bound by written information that is contained within the solicitation documents or formally posted as an addendum or a response to questions.

The Vendor Solicitation Conference for this RFP will be held at the time and date specified in **Section 2.5**. Participation in the Vendor Solicitation Conference is not a pre-requisite for acceptance of responses from prospective vendors.

Small Business, Certified Minority, and Women's Business Enterprises are encouraged to participate in any conferences, pre-solicitation, or pre-bid meetings which are scheduled.

All vendors shall be accorded fair and equal treatment.

2.7. Written Inquiries

Other than during the Vendor Solicitation Conference, prospective vendor questions will only be accepted if submitted as written inquiries to the Procurement Manager, specified in **Section 2.1**, via electronic mail, and received on or before the date and time specified in **Section 2.5**.

The emails must have in the subject "**RFP 171803FACT – Inquiries**". Faxes and US Mail inquiries are not acceptable. Copies of responses to all inquiries that require clarifications and/or addenda, to this RFP, will be available by the date and time specified in **Section 2.5**, through electronic posting at: <https://www.cfbhn.org/contracting-procurement/>.

2.8. Notice of Intent to Participate

All providers intending to participate in this RFP must submit a brief written email with a declaration of their intent to participate in this process. The response should also include contact information for a point of contact for the remainder of the RFP. All providers

submitting their responses will receive direct correspondence throughout the procurement. Vendors are still responsible to check the website for any official updates or modifications to this procurement.

2.9. Withdrawal of Response

A written request for withdrawal, signed by the vendor, may be considered if received by CFBHN within 72 hours after the opening time and date indicated in the Schedule of Events and Deadlines (**Section 2.5**). A request received in accordance with this provision may be granted by CFBHN upon proof of the impossibility to perform, based upon an obvious error on the part of the vendor.

2.10. Receipt and Rejection of Responses or Waiver of Minor Irregularities

2.10.1. Response Deadline

Responses must be received by CFBHN no later than the time, date, and place as indicated in the proceeding deadline schedule. Any response submitted shall remain a valid offer for at least 90 days after the response submission date. No changes, modifications, or additions to the response submitted (after the deadline for response opening has passed) will be accepted by or be binding on CFBHN.

2.10.2. Receipt Statement

Responses not received at either the specified place, or by the specified date and time, will be rejected, and returned unopened to the vendor by CFBHN. CFBHN will retain one unopened original for use in the event of a dispute.

2.10.3. Right to Waive Minor Irregularities Statement

CFBHN reserves the right to reject any and all responses or to waive minor irregularities when to do so would be in the best interest of the Suncoast Region. Minor irregularity is defined as a variation from the Request for Proposal terms and conditions which do not affect the price of the response, or give the vendor an advantage or benefit not enjoyed by other vendors, or do not adversely impact the interest of CFBHN. At its option, CFBHN may correct minor irregularities but is under no obligation to do so whatsoever.

2.11. Notice of Contract Award

CFBHN intends to award the contract to the responsive vendor that the evaluation team determines, based on the selection criteria set forth in **APPENDIX XIII**.

CFBHN may consider any information or evidence which comes to its attention and which reflects upon a vendor's capability to fully perform the contract requirements and/or the vendor's demonstration of the level of integrity and reliability which CFBHN determines to be required to assure performance of the contract.

2.12. Protests and Disputes

2.12.1. Filing the Protest

Any vendor who has been adversely affected by a decision or intended decision concerning a solicitation or a notice of contract award may file a *written Notice of Intent to Protest* with the contact person listed in **Section 2.1** within 72 hours after the posting of the solicitation or of the notice of CFBHN's decision or intended decision.

In the computation of the 72-hour time frame for filing of a protest, Saturdays, Sundays, and state holidays are excluded. The Director of Contracting and Procurement must ensure that the date and time of posting are documented in the contract file. (Posting on a Monday or Tuesday eliminates the need for weekend exclusion.) Failure to timely file a notice of intent to protest shall constitute a waiver of proceedings.

Following the submission of the written Notice of Intent to Protest, a Formal Protest must be filed with the contact person listed in **Section 2.1**. The Formal Protest must be:

- In writing; and,
- Filed within ten (10) days after filing of the notice of protest. Failure to file a protest within the time prescribed shall constitute a waiver of proceedings.
- No time will be added to the above time limits for mail service.
- The 10 day period includes Saturdays, Sundays, and state holidays.
- If the last day of the 10 day period is a Saturday, Sunday, or state holiday, the period shall run until the end of the next day which is neither a Saturday, Sunday, nor state holiday.
- Accompanied by a bond payable to CFBHN at the time of filing the formal written protest.
- In lieu of a bond, a cashier's check, official bank check, or money order in the amount of the bond may be submitted to the contact person.
- Failure to file the proper bond at the time of filing the formal protest will result in a denial of the protest.

2.12.2. Posting Bond for Protest Filed

Any vendor who files an action protesting a decision or intended decision pertaining to contracts administered by CFBHN must comply with the following requirements.

When protesting a decision or intended decision the protestor must post a bond equal to one percent (1%) of CFBHN's estimated contract amount. The estimated contract amount shall be based upon the contract price submitted by the protestor. If no contract price was submitted, CFBHN shall estimate the contract amount based on factors including, but not limited to, the following:

- The price of previous or existing contracts for similar or contractual services.

- The amount appropriated by the Legislature for the contract.
- The fair market value of similar contractual services.

CFBHN shall provide the estimated contract amount to the protestor within 72 hours (excluding Saturdays, Sundays, and state holidays) after the notice of protest has been filed. The estimated contract amount is not subject to protest. The bond shall be conditioned upon the payment of all costs and charges that are adjudged against the protestor in the administrative hearing in which action is brought and in any subsequent appellate court proceeding.

In lieu of a bond, CFBHN may accept a cashier's check, official bank check, or money order in the amount of the bond.

The official hours of office operation for receipt of intent to protest and/or a petition and bond are 8:00 AM to 5:00 PM local time. Upon receipt of the formal written notice of protest, the contact person must secure the bond, cashier's check, official bank check, or money order until resolution of the protest.

2.12.3. Content of Formal Written Notice of Protest

The formal written notice of protest should be printed, typewritten, or otherwise duplicated in legible form. The content of the formal written notice of protest should contain:

- The name and address of the vendor filing the protest and an explanation of how its substantial interests have been affected by the solicitation or by CFBHN's notice of intended or actual contract award;
- A statement of how and when the vendor filing the protest received notice of the solicitation or notice of CFBHN's intended or actual contract award;
- With particularity, the facts and law upon which the protest is based;
- A statement of all issues of disputed material facts (if there are none, the protest must indicate such);
- A concise statement of the ultimate facts alleged, as well as the CFBHN rules and statutes which entitle the vendor filing the protest to relief;
- A demand for relief to which the vendor deems itself entitled; and,
- Any other information which the vendor contends is material

2.12.4. CFBHN's Response to Protest

Upon receipt of a formal written notice of protest, the solicitation process or contract award process may be stopped until the protest is resolved. Upon receipt of a protest, the Director of Contracting and Procurement shall immediately consult the appropriate legal counsel. With legal counsel, the contract signer must determine whether or not to accept or reject the protest.

2.12.5. Resolution of the Protest

Upon receipt of the intent to protest or formal written notice of protest, the Director of Contracting and Procurement may work with the protestor to resolve the protest by mutual agreement on an informal basis. The Director of Contracting and Procurement will have seven (7) days after receipt of the formal written notice of protest to resolve the protest through mutual agreement. The seven (7) days will exclude Saturdays, Sundays, and state holidays.

If the protest is not resolved by mutual agreement within seven (7) days, excluding Saturdays, Sundays, and state holidays, of receipt of the formal written protest, the CEO of CFBHN shall designate a management staff who shall conduct an informal proceeding and issue a final decision within ten (10) days excluding Saturdays, Sundays, and state holidays. The formal written protest may be, as determined by the CEO of CFBHN, referred to the Department of Children and Families.

2.13. Scoring Methodology

Written proposals: Invitations to present will be based on average scoring independently for each county. The guidance for evaluator scoring can be found in Appendix 13. Providers will have a base score for the general areas of response which apply to every team. They will then receive a community-specific score for each of the community teams that the provider is bidding on. The top scorers, as determined by the evaluation team's scores in the Evaluation Tool (see Appendix XIII), who are above the established threshold will then be invited to present for each FACT team.

Oral presentations: Presentations will be scored by the evaluators with a base score established for general provisions for each team. The general FACT team presentation time is not to last more than 20 minutes. Presenters will then have 10 minutes to present for each community-specific team they are invited to present for consideration. Up to 15 minutes may be reserved for a question period at the end. A base score for the general components of the presentation will be added to each community-specific score. 75% of the base score will come from the general presentation and 25% of the score will come from the community-specific score for each team.

Final cumulative scoring (only applicable to providers who are invited to present): 60% of the final score will be based on the written portion of the RFP response. 40% of the final score will be based on the presentations portion of the procurement process.

3. Minimum Programmatic Requirements

3.1. General Description of Services

FACT teams are bound to comply with DCF's Guidance Document 16 (Appendix XIV) also available at <http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2017-contract-docs>).

3.2. Scope of Work

- a. Describe the preparations that are necessary to serve individuals returning from the state mental health treatment facility (SMHTF) as well as those who are at a local receiving facility and diverted from going to a SMHTF.
- b. Describe what provisions will be made to ensure prompt response to any “on call” crisis (there is a duty to be available at any time of any day) or crisis calls during normal working hours. Please include time frames for response times, and how staff availability will be ensured (examples may include: housing provider contacts you and feels the individual is in crisis, the individual contacts you and appears to be in crisis, individual is admitted to a local Baker Act facility or jail, client is at ER and you are notified).
- c. As a result of the comprehensive assessment and planning process, providers are required to have recovery plans tailored to each individual on the FACT team. Describe how the individuals served on the FACT team will have their needs and desires addressed specifically to them.
- d. Describe the FACT team’s role in the system of care and how that role involves participation in community systems meetings/committees.
- e. Describe the approaches your agency offers to address different needs of any potential FACT team member (i.e. mentally or physically challenged, forensic, aging out, substance use disorders, and behavioral issues).

3.3. Discharges

It is required that each FACT team discharge at least 10 individuals each year (and maintain the required census). Please describe the methodology your organization would use to assess which persons should be moved to a less intensive level of treatment. Include in the response:

- What is necessary to prepare an individual to eventually step down from FACT services
- Time frames associated with the discharge planning process
- What measures would be used (frequency of contact, admissions to Baker Act receiving facilities, and a specific measurement tool to evaluate readiness)
- The team’s approach/role to this process
- Address the approach to resistance by individual and family and varying stability

3.4. Transition Plan

Please describe your plan for transitioning the individuals served in the current FACT team into your organization’s continuum of care. The provider selected for each team is expected to accept all clients currently receiving FACT services. If the provider awarded a team is not currently treating the individuals on the FACT team, the following will need to be completed for each individual (detailed on pages 9 to 11 of Guidance Document 16):

- "Initial Assessment and Recovery Plan"
- "Comprehensive Assessment"
- "Comprehensive Recovery Plan"

The provider is also expected to analyze the census to determine which individuals, if any, could be served at a less intensive level of services than FACT.

The successful vendor (if not the current vendor) shall coordinate with Coastal Behavioral Healthcare to transition management of the teams to their organization. The anticipated transition period will last approximately two months (from May 1st to June 30th)—the awarded team will be in full control of their respective team(s) as of July 1st. Please include in your response to this section an outline of your organization's resources and structure which will best foster a smooth transition (if not the current vendor).

3.5. Staffing

Continuity of services is critical to maintaining the stability of the consumers on these teams. All individuals currently working on the FACT teams must be offered an opportunity to interview for a position at the organization who is awarded the contract. Describe what your organization will do to ensure your FACT team(s) are properly staffed at the time of assuming control of the team(s) on July 1st. Please note any exceptions or challenges to meeting the staffing qualification requirements you anticipate (see "Staffing Requirements" on pages 3 to 6 of Guidance Document 16).

3.6. Performance Measures

If your organization currently operates a FACT team, please provide a table with the last two years of performance measure outcomes (available in QI audits if currently contracted as a FACT provider with CFBHN).

If your organization does not currently operate a FACT team, please provide a table with the percentage of outcome measures met in the last two years.

3.7. Vendor Unique Qualifications

Please describe any special capabilities or qualifications your organization believes will enable you to successfully operate a FACT team.

3.8. Community Specific Unique Vendor Qualifications

- a. Please describe any unique qualifications that are community-specific for each FACT team you are bidding on. Letters of support can be included and scored by evaluators in the response as attachments. Additionally, describe your organization's community relationships/partnerships existing in any of the communities you are bidding on.

Examples of necessary relationships for successful implementation of a FACT team include:

- Linkages with local NAMI chapters and other peer support groups
- Local jail
- Courts
- Emergency rooms and trauma centers
- Local psychiatric inpatient units
- Housing resources

- Assisted living facilities
 - Adult family care homes
 - Support housing
 - Faith-based organizations
 - Other behavioral health organizations
 - Co-occurring resources (i.e. outpatient/inpatient, support groups, etc.)
- b. Describe the relationships you have within your community that will enable your team to effectively link an individual to the necessary supports the individual needs and/or desires as referenced in their recovery plan. These supports/services would be those that augment the services/supports/treatments that FACT provides (i.e. medical, dental, legal, employment/vocational, day services/activities, substance abuse treatment, and unique psychiatric services not provided by FACT (ECT, behavioral analyst), and leisure interests).
- c. Describe what your agency would do to ensure a broad representation of community stakeholders, individuals, and families are represented on the FACT advisory board.

3.9. Recovery-Oriented System of Care (ROSC)

Please describe your experience with ROSC and your organization's involvement with the community, stakeholders, and other entities. Include your agency's approach to recovery, the aspects of recovery-oriented system of care, and how these aspects will be reflected in the implementation of your FACT team.

4. Financial Specifications

4.1. Funding Source

The funding for these teams comes from the MH073 other cost accumulator for Florida Assertive Community Treatment teams as contracted by DCF. There is no match requirement under this funding.

4.2. Allowable Costs

- 4.2.1.** All costs associated with performance of the services contemplated by the awarded contract must be both reasonable and necessary and in compliance with the cost principles for non-profit organizations, pursuant to 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (also known as the “OMB Super Circular.”) and Ch. 65E-14, F.A.C.
- 4.2.2.** Any compensation paid for an expenditure subsequently disallowed as a result of the vendor's non-compliance with state or federal funding regulations shall be repaid to CFBHN upon discovery.
- 4.2.3.** Invoices must be submitted by an authorized representative of the vendor in accordance with the submission schedule in the awarded contract, with appropriate service utilization and Individuals Served data accepted into the Central Florida Health Data System (CFHDS), in accordance with PAM 155-2.

4.3. Invoicing and Payment of Invoices

The vendor shall request an electronic payment for services delivered on a monthly basis through the Contracting and Finance Exchange (CAFÉ) software by the 10th of each month. Payment will be released once all data has been validated at 100%.

Managing Entity shall not be required to pay the vendor if Managing Entity does not receive payment for the corresponding services and materials from its payment source. No funds shall be owed to the vendor unless Managing Entity is paid by the Department for the services for which vendor is requesting payment. Receipt of payment from the Department is an absolute precondition to any obligation by Managing Entity to pay vendor. Managing Entity's contractual or other obligation to pay vendor is expressly conditioned upon and limited to the payments by the Department to the Managing Entity for the services for which the vendor is requesting payment. Managing Entity may make partial payments to the extent it receives partial funding. In the event the acts or omissions of a vendor are a cause, in whole or in part, of a payment source's failure to pay Managing Entity, then Managing Entity may elect to apportion any payment received among vendors whose acts are not a cause for non-payment. Vendors shall not be subject to non-payment for reasons other than Managing Entity's failure to receive its funding, unless the vendor has failed to comply with a corrective action plan or they have been subjected to the CFBHN Sanctions and Financial Penalties policy.

4.4. Contract Amount

The amount of the contract resulting from this RFP is \$1,214,412 per year, per team (subject to the availability of funds). Any renewal shall be in writing and shall be subject to the same terms and conditions as set forth in the initial contract.

4.5. Financial Risk Assessment

The vendor must submit copies of their last two financial and compliance audits conducted through an independent auditing firm. The audit must include financial statements, auditor's report, and management letters. Additionally, the vendor must submit a completed financial risk assessment (**APPENDIX XII**).

If the vendor is not required to have an audit (as required by OMB Circular A-133), and does not have reports for the two previous years, then corresponding financial statements that include Income Statement, Balance Sheet, and Statement of Cash Flows shall be certified by the agency's Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer and shall be submitted, along with the completed financial risk assessment (**APPENDIX XII**).

5. Instructions to Vendors

5.1. General Instructions to Respondents

Vendors shall submit the items identified as mandatory requirements in **Section 5.3** as well as a response to the items identified in **Section 3** and **Section 4**. The Director of Contracting and Procurement will examine each response to determine whether the vendor meets the Mandatory Requirements specified in **Section 5.3**. A response that fails to meet all of the Mandatory Requirements will be deemed non-responsive and will not be evaluated. An initial determination that a response meets the Mandatory Requirements does

not preclude a subsequent determination of non-responsiveness. Responsive submissions will then be scored by an evaluation team, based on the criteria outlined in **APPENDIX XII**.

The financial risk assessment will be evaluated by staff in the Finance Department at CFBHN. The resulting points will be added to the scores awarded by the evaluators.

CFBHN may reject any or all responses, and may modify its statement of services sought, tasks to be performed, or the project description and re-bid these services or re-negotiate, if it is in the best of interest of CFBHN.

5.2. Notice of Short List

Those vendors meeting the **Mandatory Criteria** will be placed on the 'short list' that is to be posted at <https://www.cfbhn.org/contracting-procurement/> on or before the date and time specified in **Section 2.5**.

5.3. Response to RFP Mandatory Requirements

The mandatory requirements are described as **MANDATORY CRITERIA** on the RFP Mandatory Criteria Checklist (**APPENDIX I**). Failure to comply with all mandatory requirements will render a proposal non-responsive and ineligible for a qualitative evaluation.

The **MANDATORY CRITERIA** are:

Mandatory Requirements*	
The proposal is received by the Director of Contracting and Procurement by the time, date, and at the location specified in the Request for Proposal (Section 2.5 .)	
A signed statement of which teams the candidate is proposing to represent	
Acceptance of Contract Terms and Conditions form (APPENDIX II)	
Signed Certificate of Signature Authority form or corporate resolution/other duly executed certification (APPENDIX III)	
Signed Certification of a Drug-Free Workplace Program form (APPENDIX IV)	
Signed Certification of Non-Conviction of Public Entity Crimes form (APPENDIX V)	
Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts form (APPENDIX VI)	
Signed Certification Regarding Lobbying form (APPENDIX VII)	
Signed Statement of Assurances form (APPENDIX VIII)	
Signed Statement of No Contract Termination form (APPENDIX IX)	
Signed Statement of No Involvement form (APPENDIX X)	
Signed Vendor Certification Regarding Scrutinized Companies Lists (APPENDIX XI)	
Proof of insurance meeting the minimum requirements of CFBHN (Section 7.12 .)	
Proof of active status as a Medicaid provider (Section 7.13 .)	
Minimum of 5 years as a non-profit in the community behavioral health field with applicable data/outcome measures (not necessarily measures specific to FACT teams)	
Copies of their last two financial and compliance audits conducted through an independent auditing firm. The audit must include financial statements, auditor's report,	

and management letters. Additionally, the vendor must submit a completed financial risk assessment (**APPENDIX XII**).

If the vendor is not required to have an audit (as required by OMB Circular A-133), and does not have reports for the two previous years, then corresponding financial statements that include Income Statement, Balance Sheet, and Statement of Cash Flows shall be certified by the agency's Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer and shall be submitted, along with the completed financial risk assessment (**APPENDIX XII**).

*CFBHN has the right to require any additional information it requires to validate any attestations made in a procurement response or presentation.

For those mandatory criteria that are listed above which require the completion of a form, the forms can be found in **APPENDIX II – APPENDIX XII** and on CFBHN's website at: <https://www.cfbhn.org/contracting-procurement/>.

5.4. Trade Secrets

CFBHN will attempt to afford protection from disclosure of any trade secret as defined in section 812.081, Florida Statutes (F.S.), where separately and individually marked and identified as such in the response to this RFP, to the extent permitted under section 815.04, F.S., Chapter 119, and Chapter 286, F.S. Any vendor acknowledges, however, that the protection afforded by section 815.04, F.S. is incomplete, and it is hereby agreed by the vendor and CFBHN that no right or remedy for damages arises from any disclosure.

CFBHN is not obligated to agree with the vendor's claim of exemption and, by submitting a proposal, the vendor agrees to be responsible for defending its claim that each portion of the claimed trade secret is exempt from inspection and copying under Florida's Public Records Law.

Vendor agrees that it shall protect, defend, and indemnify, including attorney's fees and costs, including any appellate costs and attorney's fees, CFBHN, its officers, employees, agents, and legal counsel from any and all claims and litigation arising from or relating to vendor's claim that any claimed trade secret portions of its proposal are confidential, proprietary, trade secret, or otherwise not subject to disclosure.

5.5. Cost of Preparation of Proposal

CFBHN is not liable for any costs incurred by a vendor responding to this RFP.

5.6. How to Submit a Proposal

Vendors may choose, and be responsible for, the method of delivery to CFBHN (mail or hand-delivery), except that facsimile or electronic transmissions will not be accepted at any time.

Any response must be received by CFBHN by the deadlines set forth in the Schedule of Events and Deadlines (**Section 2.5**). Responses not received at either the specified place or by the specified date and time, will be rejected, and returned unopened to the vendor by CFBHN.

5.6.1. Number of Copies Required and Format for Submittal

Vendors shall submit one (1) original and five (5) hard copies of the Response (and attachments). If the original has any color other than black and white, the copies must also contain the same colors. The original responses submitted to CFBHN must contain original signatures of an official who is authorized to bind the vendor to its response. Two (2) electronic copies (on non-rewritable CD-R, DVD-R, or USB storage device) of the response, identical to the hard copies, must also be submitted with the hard copies.

5.6.2. Responses to be in Sealed Envelopes

All original, hard copies, and electronic copies must be submitted in sealed envelopes and must be clearly marked with the title of the response, the RFP number, the vendor's name, identification of enclosed documents, and whether it is an original or a copy. Place only one original or one copy of the response in each envelope.

Each envelope must be sealed and addressed as indicated above. The original must be marked as such and the copies identified and numbered (i.e., Original, Copy 1 of 5, etc.).

5.6.3. Hard Copy Response Format

Responses must be typed, double-spaced, on 8½" x 11" paper, and submitted in binders. The required font is Arial, size 12, with a 1 inch margin. Pages must be numbered in a logical, consistent fashion. Figures, charts, and tables should be numbered and referenced by number in the text. No staples, permanent binders, or rubber bands are permitted.

5.6.4. Electronic Copy Response Format

The required electronic format of the responses must be on non-rewritable CD-R, DVD-R, or USB storage device. The software used to produce the electronic files for the Response must be searchable Adobe Portable Document Format ("pdf"), version 6.0 or higher. Responses must be able to be opened and viewed by CFBHN utilizing Adobe Acrobat, version 9.0.

The electronic copies must be identical to the original response submitted, including the format, sequence, and section headings identified in this RFP. The electronic media must be clearly labeled in the same manner as the hard copies and submitted with the corresponding hard copies. The hard copy marked "original" shall take precedence over the electronic version(s) of the response and all non-"original" hard copy versions of the response in the event of any discrepancy. If a discrepancy is found between the hard copy response marked "original" and any of the electronic versions submitted on CD-R, DVD-R, or USB storage device, CFBHN reserves the right, at its sole discretion, to reject the entire response.

5.7. Required Content of the Response

5.7.1. TITLE PAGE

The first page of the response shall be a Title Page that contains the following information:

- RFP Number
- Title of the Response

- Vendor's Legal Name (person, organization, firm)
- Federal Tax Identification Number (FEID)
- Current Primary Business Address
- Country and state of incorporation
- Organization to which Response is Submitted
- Name, Title, Phone Number, Fax Number, Mailing Address, and E-Mail Address of the person who can respond to inquiries regarding the response
- Name of the vendor's Project Director (if known)
- Identification of Enclosed Documents

5.7.2. CROSS REFERENCE TABLE

All responses must include a cross-reference between the RFP requirements and the response. The cross-reference table must be directly behind the title page in the response. All cross-reference tables must be formatted as follows.

VENDOR'S CROSS REFERENCE TABLE				
RFP		RESPONSE		
Section	Subject	Page	Section	Mandatory Criteria?
5.7.1	Title Page			
5.7.2	Cross Reference Table			
TAB 1 – RESPONSE TO INTRODUCTION				
5.7.3	Response to Introduction			
TAB 2 – RFP MANDATORY CRITERIA				
5.3	Acceptance of Contract Terms and Conditions form			YES
5.3	Statement of which teams the candidate is proposing to represent			YES
5.3	Certificate of Signature Authority form or corporate resolution/other duly executed certification			YES
5.3	Certification of a Drug-Free Workplace Program form			YES
5.3	Certification of Non-Conviction of Public Entity Crimes form			YES

5.3	Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts form			YES
5.3	Certification Regarding Lobbying form			YES
5.3	Statement of Assurances form			YES
5.3	Statement of No Contract Termination form			YES
5.3	Statement of No Involvement form			YES
5.3	Vendor Certification Regarding Scrutinized Companies Lists form			YES
5.3	Proof of active corporate non-profit status			YES
5.3	Statement attesting a minimum of 5 years as a non-profit in the behavioral health field			YES
5.3	Copies of their last two financial and compliance audits conducted through an independent auditing firm. The audit must include financial statements, auditor's report, and management letters. Additionally, the vendor must submit a completed financial risk assessment. If the vendor is not required to have an audit (as required by OMB Circular A-133), and does not have reports for the two previous years, then corresponding financial statements that include Income Statement, Balance Sheet, and Statement of Cash Flows shall be certified by the agency's Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer and shall be submitted, along with the completed financial risk assessment.			YES
7.12	Proof of required insurances			YES
7.13	Proof of being an approved, active Medicaid provider			YES
TAB 3 – RESPONSE				
3.2	Scope of Work			
3.3	Discharges			
3.4	Transition Plan			
3.5	Staffing			
3.6	Performance Measures			
3.7	Vendor Unique Qualifications			
3.8	Territory Specific Unique Vendor Qualifications			
3.9	Recovery-Oriented System of Care (ROSC)			

5.7.3. TAB 1 – RESPONSE TO INTRODUCTION

The vendor shall provide a brief executive overview demonstrating an understanding of the RFP purpose, the needs specified in this RFP, and the Behavioral Health Services to be provided. It should also include a brief description of the vendor's organization, leadership credentials, approach for Scope of Work services, management of Performance Specifications, and completing Deliverables as defined in this RFP.

5.7.4. TAB 2 – RFP MANDATORY CRITERIA

The vendor shall provide all documents listed as **MANDATORY CRITERIA** as specified in **Section 5.3**.

5.7.5. TAB 3 – RESPONSE

The vendor shall respond to the requirements listed in the vendor's cross reference table above.

6. Evaluation Methodology, Criteria and Rating Sheet

The components of this section can be found throughout the RFP and in **APPENDIX XIII**.

7. Contract Provisions

7.1. Equipment

The selected vendor will be responsible for supplying, at its own expense, all equipment necessary to perform under, conduct, and complete the contract including but not limited to computers, telephones, copier, and fax machine including supplies and maintenance, as well as needed office supplies.

7.2. Fiscal Reports

If the selected vendor is not already under contract with CFBHN, the vendor will be required to submit a full and complete copy of their agency's Fiscal Reports (which includes the below listed items), using the template on the procurement website. This submission must be inclusive of the agency's entire budget, including the full contract amount outlined in **Section 4.4**, for the services outlined in **Section 3.2**.

- SAMH Projected Operating and Capital Budget Personnel Detail
- SAMH Projected Operating and Capital Budget (includes Projected Funding Sources & Revenues and Projected Expenses)
- Agency Capacity Report

7.3. Monitoring Requirements

The successful vendor shall permit all persons who are duly authorized by the Managing Entity or the Department to inspect and copy any records, papers, documents, facilities, goods, and services of the vendor which are relevant to the awarded contract, and to interview any clients, employees, and vendor employees of the vendor to assure the Managing Entity or the Department of the satisfactory performance of the terms and conditions of the awarded contract.

The vendor will submit progress reports and other information in such formats and at such times as may be prescribed in writing by the Managing Entity, cooperate in site visits and other on-site monitoring (including, but not limited to: access to sites, clients, staff, fiscal and client records and logs, and the provision of related information), submit reports on any monitoring of the program funded in whole or in part by the Managing Entity conducted by federal, state, or local governmental agencies or other funders, and if the vendor receives accreditation reviews, each accreditation review must be submitted to the Managing Entity within ten (10) days after receipt by the vendor. All reports will be as detailed as may be reasonably requested by the Managing Entity and will be deemed incomplete if not satisfactory to the Managing Entity as determined in its sole reasonable discretion. All reports will contain the information, additional information, or be in the format as may be requested by the Managing Entity. If approved in writing by the Managing Entity, the

Managing Entity may accept any report from another monitoring agency in lieu of reports customarily required by the Managing Entity.

7.4. Records and Documentation

To the extent that information is utilized in the performance of the resulting contract or generated as a result of it, and to the extent that information meets the definition of “public record” as defined in subsection 119.011(12), F.S., said information is hereby declared to be and is hereby recognized by the parties to be a public record and absent a provision of law or administrative rule or regulation requiring otherwise, shall be made available for inspection and copying by any interested person upon request as provided in Chapter 119, F.S., or otherwise. It is expressly understood that the selected vendor’s refusal to comply with Chapter 119, F.S., shall constitute an immediate breach of the contract which results from this RFP which entitles CFBHN to unilaterally cancel the contract agreement. The selected vendor will be required to promptly notify CFBHN of any requests made for public records if the request could lead to a media event.

Unless a greater retention period is required by State or Federal law, all documents pertaining to the program contemplated by this RFP shall be retained by the selected vendor for a period of six (6) years after the termination of the resulting contract or longer as may be required by any renewal or extension of the contract. If an audit is required, records shall be retained for a minimum of six (6) years after the audit report is issued and until resolution of any audit findings or any litigation based upon the contract. During the records retention period, the selected vendor agrees to furnish, when requested to do so, all documents required to be retained. Data files will be provided in a format readable by CFBHN.

The selected vendor agrees to maintain the confidentiality of all records required by law or administrative rule to be protected from disclosure. The selected vendor further agrees to:

- Hold CFBHN and the Department harmless from any claim or damage including reasonable attorney’s fees and costs or from any fine or penalty imposed as a result of an improper disclosure by the selected vendor of confidential records whether public record or not and promises to defend CFBHN and the Department against the same at its expense;
- Maintain all required records pursuant to the resulting contract in such manner as to be accessible by CFBHN upon demand. Where permitted under applicable law, access by the public shall be permitted without delay. The selected vendor assumes all financial responsibility for record storage and retrieval costs; and
- Comply with activities related to information systems in compliance with the Department’s PAM 155-2.

7.5. Referrals and admissions

FACT teams are required to admit “priority clients” as defined by CFBHN before other referrals can be considered for admission. Referrals that are non-priority clients must be authorized by CFBHN prior to admission.

Priority populations are as follows:

- On wait list for civil state hospital admission
- In the civil state hospital on the seeking placement list
- Identified as a High Need/High Utilizer (HNHU) by CFBHN
- Other referrals made by CFBHN

There is an additional requirement that the North Lee County and the South Lee County teams shall take referrals from Hendry and Glades Counties as appropriate.

7.6. Subcontractors

The successful vendor may not subcontract out the services required in this RFP.

7.7. Service Delivery Location

Services shall be provided within the designated service area. The selected vendor shall notify the contract manager, in writing, of any changes in locations, days, and/or times where services are being provided pursuant to 65E-14.021(5)(e)(c) F.A.C, 30 days prior to any changes.

7.8. Service Times

Crisis intervention and on-call coverage shall be available 24 hours a day, seven days per week. The successful vendor shall identify normal business hours outside of crisis services (see Guidance Document 16).

7.9. Reports

Please see Guidance Document 16 (Appendix XIV) for the current DCF reporting requirements. In addition, the following reports will be required:

- Weekly census numbers
- Monthly referral log
- Monthly program logs
- Monthly census with names
- Fact ad hoc report
- Monthly vacant positions report

7.10. Contract Documents

The Standard Contract, Subcontract, Attachments, Exhibits, and Incorporated Documents, or the latest revisions thereof, are incorporated and made part of the contract between Central Florida Behavioral Health Network, Inc. and the vendor, and can be found here: <http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2017-contract-docs>

7.11. Minimum Insurance Requirements

Providers must demonstrate having all necessary insurances required for FACT teams (see the CFBHN standard subcontract for more details). The types of required insurances include:

- General liability insurance
- Automobile insurance
- Professional liability insurance

7.12. Active Medicaid Provider Status

All providers bidding on any of the FACT teams must provide proof of enrollment as a Medicaid provider.

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APPENDIX I

MANDATORY REQUIREMENTS CHECKLIST

MANDATORY CRITERIA CHECKLIST			
ITN/RFI/RFP #:	171803FACT		
Print Vendor's Name:			
Print Name of CFBHN Reviewer:			
Signature of CFBHN Reviewer:		Date:	
Print Name of CFBHN Witness:			
Signature of CFBHN Witness:		Date:	
1. Was the proposal received by the date and time specified in the RFP and at the specified address? <input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail Comments:			
2. Did the proposal include the following?			
a. Vendor's signed Acceptance of Contract Terms and Conditions form (APPENDIX II)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
b. Vendor's signed Certificate of Signature Authority form or corporate resolution/other duly executed certification (APPENDIX III)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
c. Vendor's signed Certification of a Drug-Free Workplace Program form (APPENDIX IV)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
d. Vendor's signed Certification of Non-Conviction of Public Entity Crimes form (APPENDIX V)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
e. Vendor's signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts form (APPENDIX VI)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
f. Vendor's signed Certification Regarding Lobbying form (APPENDIX VII)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
g. Vendor's signed Statement of Assurances form (APPENDIX VIII)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
h. Vendor's signed Statement of No Contract Termination form (APPENDIX IX)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
i. Vendor's signed Statement of No Involvement form (APPENDIX X)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
j. Vendor's signed Vendor Certification Regarding Scrutinized Companies Lists form (APPENDIX XI)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
k. Proof of active corporate non-profit status	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		

ITN/RFI/RFP #:	171803FACT	
Print Vendor's Name:		
l. Minimum of 5 years as a non-profit in the behavioral health field	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail	
m. Copies of their last two financial and compliance audits conducted through an independent auditing firm. The audit must include financial statements, auditor's report, and management letters. Additionally, the vendor must submit a completed financial risk assessment. If the vendor is not required to have an audit (as required by OMB Circular A-133), and does not have reports for the two previous years, then corresponding financial statements that include Income Statement, Balance Sheet, and Statement of Cash Flows shall be certified by the agency's Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer and shall be submitted, along with the completed financial risk assessment.	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail	
n. Proof of insurance meeting the minimum requirements of CFBHN (Section 7.12.)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail	
o. Proof of active status as a Medicaid provider (Section 7.13.)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail	
p. Signed statement detailing which teams the candidate is proposing to represent.	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail	
3. Has CFBHN verified that the Vendor is not on the Convicted Vendor List or the Discriminatory Vendor List? <input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail Comments:		
Did this vendor satisfy all MANDATORY REQUIREMENTS?	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail	

APPENDIX II

ACCEPTANCE OF CONTRACT TERMS AND CONDITIONS

Acceptance of Contract Terms and Conditions	
ITN/RFI/RFP #:	171803FACT
Print Vendor's Name:	
Print Name of Authorized Representative:	
<p>I, as an authorized representative of the above named vendor, certify that we accept CFBHN's and the Department's requirements, terms and conditions as specified in this Request for Proposals and in CFBHN's Standard Contract.</p>	
Signature of Authorized Representative:	
Title:	
Date:	

APPENDIX III

CERTIFICATE OF SIGNATURE AUTHORITY

CERTIFICATE OF SIGNATURE AUTHORITY

Check below and complete Section A or Section B

☐ Vendor is not a sole proprietorship (Complete Section A)

☐ Vendor is a sole proprietorship (Complete Section B)

Section A

I, _____ (name), hold the office or position of _____ (title) with _____ (legal name of Vendor) and have authority to make official representations by said Vendor regarding its official records and hereby state that my examination of the Vendor's records show that _____ (name) currently holds the office or position of _____ (title) with the Vendor and currently has authority to make binding representations to CFBHN and sign all documents submitted on behalf of the above-named Vendor in response to ITN/RFI/RFP # _____, and, in so doing, to bind the named Vendor to the statements made therein.

Dated:

Signature:

Printed Name:

Title:

NOTE: In lieu of the above, the Vendor may submit a corporate resolution or other duly executed certification issued in the Vendor's normal course of business to prove signature authority of the named Authorized Representative.

Section B

I, _____ (name) am a sole proprietor, personally doing business in the name of _____ (name of Vendor), and will be personally bound by the Proposal submitted in response to ITN/RFI/RFP # _____.

Dated:

Signature:

Printed Name:

APPENDIX IV

CERTIFICATION OF A DRUG-FREE WORKPLACE PROGRAM

Certification of a Drug-Free Workplace Program	
ITN/RFI/RFP #:	171803FACT
Print Vendor's Name:	
Print Name of Authorized Representative:	
<p>I, as an authorized representative of the above named vendor, hereby certify that my agency currently maintains a drug-free workplace environment in accordance with Chapter 112.0455, Florida Statutes, and will continue to promote this policy through implementation of that section.</p>	
Signature of Authorized Representative:	
Title:	
Date:	

APPENDIX V

CERTIFICATION OF NON-CONVICTION OF PUBLIC ENTITY CRIMES

PUBLIC ENTITY CRIME

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to State of Florida Department of Children and Family Services

by _____
[print individual's name and title]
for [print institution's name and business address]

and (if applicable) its Federal Employer Identification Number (FEIN)

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)

2. I understand that a "**public entity crime**" as defined in Paragraph 287.133(1)(g), F.S., means a violation of any state or Federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "**convicted**" or "**conviction**" as defined in Paragraph 287.133(1)(b), F.S., means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any Federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury Verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "**affiliate**" as defined in Paragraph 287.133(1)(a), F.S., means:

a. A predecessor or successor of a person convicted of a public entity crime; or

b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "**affiliate**" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "**person**" as defined in Paragraph 287.133(1)(e), F.S., means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "**person**" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

PUBLIC ENTITY CRIME

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Indicate which statement applies.]

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [Attach a copy of the final order.]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH I (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, F.S., FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

[signature]

State of _____
County of _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Personally known _____

OR Produced identification _____ Notary Public - State of _____
My Commission Expires: _____

(type of identification)

(Printed, typed or stamped commissioned name of notary public)

APPENDIX VI

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CONTRACTS/SUBCONTRACTS

Attachment IV

Contract No. _____

**CERTIFICATION REGARDING
 DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
 CONTRACTS/SUBCONTRACTS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360 - 20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract equals or exceeds \$25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. The Department of Children and Families cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the department's contract manager for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed \$25,000 in federal moneys, to submit a signed copy of this certification.
7. The Department of Children and Families may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the contract manager's contract file. Subcontractor's certification must be kept at the provider's business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

Signature

Date

Name (type or print)

Title

CF 1125

Effective July 2015

(CF-1125-1516)

APPENDIX VII

CERTIFICATION REGARDING LOBBYING

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: _____ Date: _____

Application or Contract ID Number: _____

Name of Authorized Individual Application or Contractor: _____

Address of Organization: _____

CF 1123

Effective July 2015

(CF-1123-1516)

APPENDIX VIII

STATEMENT OF ASSURANCES

STATEMENT OF ASSURANCES	
ITN/RFI/RFP #:	171803FACT
Print Vendor's Name:	
Print Name of Authorized Representative:	
Statement	Initials
1. Infrastructure – The vendor shall possess, purchase, or otherwise provide computer and telecommunications equipment and Internet access necessary to participate fully in the initiative.	_____
2. Evaluation – The vendor will cooperate fully with any CFBHN-designated evaluation agency in designing a program evaluation and providing any and all data necessary to conduct process and outcome evaluation.	_____
3. Technical Assistance – The vendor will participate in any CFBHN-conducted, sponsored, or required technical assistance meetings and/or workshops or conferences.	_____
4. Site Visits – The vendor will cooperate fully with the CFBHN and any CFBHN-designated evaluation agency in coordinating site visits.	_____
5. Background Checks – The vendor shall be responsible for providing background checks as a prerequisite of employment in accordance with Chapter 294.4572, Florida Statutes and Chapter 397.451, Florida Statutes.	_____
6. Administrative Requirements – The vendor agrees to comply with the following Office of Management and Budget (OMB) Circulars, as applicable: A-21 Cost Principles for State, Local and Indian Tribal Governments; A-102 Uniform Administrative Requirements for Grants and Agreements with State and Local Governments; A-110 Uniform Administrative Requirements for Grants and Agreements with Institutions; and, A-122 Cost Principles for Non-profit Organizations.	_____
7. Non-discrimination – The vendor 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 (EEO) must meets the requirements of 28 CFR 42.301.	_____

ITN/RFI/RFP #:	171803FACT	
Print Vendor's Name:		
Statement	Initials	
8. Lobbying – The vendor 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).	_____	
9. Drug-Free Workplace Requirements – The vendor agrees that he/she will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 82.	_____	
10. Confidentiality Requirements – The confidentiality of the recipients of the services provided through this project shall be fully protected in accordance with Federal Confidentiality Regulations pertaining to Alcohol and Drug Abuse Patient Records as outlined in 42 CFR Part 2.	_____	
11. 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 services to children under the age of 18, if the services 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 services 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.	_____	
12. Acceptance of Contract Terms and Conditions – The vendor agrees to the contract Terms and Conditions specified in Appendix II.	_____	
13. Certification of Non-supplanting – The vendor certifies that funds awarded under this RFP will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	_____	

APPENDIX IX

STATEMENT OF NO CONTRACT TERMINATION

Statement of No Contract Termination	
ITN/RFI/RFP #:	171803FACT
Print Vendor's Name:	
Print Name of Authorized Representative:	
<p>I, as an authorized representative of the above named vendor, hereby certify that my agency has never had a contract terminated for not meeting performance measures or for cause.</p>	
Signature of Authorized Representative:	
Title:	
Date:	

APPENDIX X

STATEMENT OF NO INVOLVEMENT

Statement of No Involvement	
ITN/RFI/RFP #:	171803FACT
Print Vendor's Name:	
Print Name of Authorized Representative:	
<p>I, as an authorized representative of the above named vendor, hereby certify that no member of this firm, nor any person having interest in this firm, has been awarded a contract by the Department of Children and Families or Central Florida Behavioral Health Network, Inc. on a non-competitive basis to:</p> <ol style="list-style-type: none"> 1. Develop this procurement document 2. Perform a feasibility study concerning the scope of work contained in this procurement document; or 3. Develop a program similar to what is contained in this procurement document. 	
Signature of Authorized Representative:	
Title:	
Date:	

APPENDIX XI

VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

**VENDOR CERTIFICATION REGARDING
SCRUTINIZED COMPANIES LISTS**

Respondent Vendor Name: _____
Vendor FEIN: _____
Vendor's Authorized Representative Name and Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies, for goods or services over \$1,000,000, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both lists are created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.

Certified By: _____,
who is authorized to sign on behalf of the above referenced company.
Authorized Signature Print Name and Title: _____

CF 1110, Jul 2011

APPENDIX XII

FINANCIAL RISK ASSESSMENT

AGENCY:		PERIOD:		DATE:	
Central Florida Behavioral Health Network Financial Risk Assessment Agency Monitoring Tool					
	Calculated Value %	Benchmark	Points Available	Score Year 1	Score Year 2
					SCORE TOTAL
1. Total Profit or loss based on a % of the agency's total expenses <i>Total Profit or loss based on a percentage of the agency's total expenses.</i>	#DIV/0!	>0%	2 3.1% and above 1 break even to 3% 0 below 0		0.00
2. Unrestricted net assets <i>This ratio provides an indication of the net resources available to provide services in the future.</i>	0	> .40	2 Above .40 1 Between .30 and .39 0 less than .29		0.00
3. Cash reserves <i>Cash reserves is a rough measure of the amount of cash on hand to cover future expenses. When calculating total annual expenses, depreciation should not be included for this metric.</i>	0	60 days	3 Above 90 2 between 65 and 89 1 between 49 and 64 0 below 48		0.00
4. Receivable days <i>This number reflects the average length of time required to collect cash from receivable accounts. It is crucial to maintain positive liquidity.</i>		45 days	2 Between 0 - 45 days 1 Between 46 - 75 days 0 Above 76 days		0.00
5. Payable days <i>This ratio shows the average number of days that lapse between purchase of material and labor, and payment for them. It is a rough measure of how timely an organization is meeting payment obligations.</i>		30 days	2 Between 0 - 25 days 1 Between 26 - 45 days 0 Above 46 days		0.00
6. Working Capital Current ratio <i>This metric measures the overall liquidity position of an organization. Measures the ability to pay its current obligations using current assets by current liabilities</i>	#DIV/0!	2:1	3 Greater than 2 2 Between 1.50 - 1.99 1 Between 1.00-1.49 0 Between 0 - .99		0.00
7. Audit findings over financial reporting or compliance: <i>Audit findings over internal controls and compliance.</i>		No Deficiencies	3 No deficiencies or material weaknesses 0 Deficiencies identified -1 Material weakness(es) identified		0.00
Maximum Points Available Per Year: 17.00			Score	0.00	0.00
Maximum Points Available TOTAL: 34.00			Total Score	0.00	0.00

FOR CFBHN USE ONLY Check all measures against submitted financials Check all formulas Enter CFBHN validated Total Score	CFBHN Reviewer Name: _____ Date: _____ CFBHN Staff Initials CFBHN Staff Initials CFBHN Staff Initials
---	---

final as of 11/4/15

APPENDIX XIII EVALUATION GUIDE

Evaluator Information

CFBHN RFP 171803FACT Florida Assertive Community Treatment Teams in Charlotte, North Lee, South Lee, and Sarasota Counties

EVALUATION TEAM GROUND RULES

Evaluators are chosen to participate because of their knowledge and skills and because of CFBHN's confidence in their ability to score both independently and fairly. The same scoring principles must be applied to every response received, independent of other evaluators.

1. **ALL** questions related to the solicitation document and the evaluations of the responses must be directed to the procurement manager:

Steven Jorgenson, Director of Contracts & Procurement
Central Florida Behavioral Health Network, Inc.
719 South US Highway 301 Tampa, FL 33619
813-740-4811 Extension 259
SJorgenson@cfbhn.org

2. Conflict of Interest Questionnaires must to be completed, signed, and dated by all Evaluation Team members. Any identified conflicts of interest will be referred to Legal immediately.
3. Each evaluator will be provided a copy of the solicitation document, all attachments, amendments, and (if applicable) all vendors' inquiries, together with the written answers provided by CFBHN. Each evaluator will also be provided with a copy of each vendor's response, which should be evaluated and scored according to the instructions provided in the solicitation document and the Scoring Sheets.
4. Each member of the Evaluation Team shall independently score each response. No collaboration will be permitted during the scoring process. Do not ask other evaluators questions or share solicitation related information with anyone.
5. Evaluators must not solicit information or submissions from potential or interested offerors.
6. The written proposal is the basis upon which responses are evaluated and scored.
7. Only the Scoring Sheets provided with the solicitation document will be used to record your scores and comments. No additional notes or marks should appear elsewhere in the evaluation materials.
8. All raw scores must be assigned utilizing the scoring system provided in the evaluation manual.

9. Each evaluator should record the page or section number from the response being scored where the primary response was found relating to the criterion. If the response does not address an evaluation criterion, evaluators should indicate on the score sheet “not addressed”.
10. Each evaluation criterion must be scored. Evaluators may request assistance in understanding evaluation criteria and responses only from the Procurement Manager, who alone, is authorized to seek additional technical help if needed. Technical assistance, if needed, will be provided by non-voting technical advisors and will be uniformly disseminated to all evaluators simultaneously. This may also be accomplished by the Procurement Manager.
11. No attempt by CFBHN personnel or others to influence an evaluator's scoring will be tolerated. If any attempt is made to do so, the evaluator must immediately report the incident to the Procurement Manager. If the Procurement Manager makes such an attempt, the evaluator must immediately report the incident to the Inspector General.
12. To avoid the possibility of protest, all appearances of impropriety must be avoided.
13. Following completion of the independent evaluations of the proposals, the Procurement Manager will hold a Debriefing Meeting for the exclusive purpose of assuring that information has not been overlooked in the scoring of responses. Evaluators should work carefully to be as thorough as possible in order to help the department secure a fair and open competitive procurement. Evaluators may adjust their score at the Debriefing Meeting based on information discussed during the meeting that may have been overlooked/misunderstood which would have otherwise caused the score to increase or decrease.
14. The Debriefing Meeting of the Evaluation Team will be held at the place and time listed in **Section 2.5**.

Debriefing Meeting of Evaluators

CFBHN RFP 171803FACT

Florida Assertive Community Treatment Teams in Charlotte, North Lee, South Lee, and Sarasota Counties

The main purpose of the Debriefing Meeting of the evaluators is to receive and record all evaluation scores. It is not essential that uniformity in scoring be achieved. It is at this meeting that the procurement manager logs in and records all scores on a spreadsheet and calculates those scores according to the evaluation methodology outlined in the solicitation document.

The following activities should occur prior to the conclusion of the meeting:

1. The procurement manager will confirm that no one has tried to influence any of the evaluators and that they have exercised their own independent judgment in scoring each response independently of any other.
2. The procurement manager will fill out a spreadsheet with the names of the evaluators across the top and the number of the evaluation criterion down the left side. Each evaluator will be asked in turn for the score given to each criterion.
3. Once the spreadsheet is filled out and a score recorded for each criterion for each evaluator, the individual score sheets are collected and placed into the procurement file.
4. The scores are to be calculated in the presence of at least one witness. The final score for each provider will be listed in rank order.

EVALUATOR'S CONFLICT OF INTEREST AND CONFIDENTIALITY OF INFORMATION STATEMENT

Your willingness to participate as an evaluator is an integral part of the procurement process. Central Florida Behavioral Health Network, Inc. (CFBHN) appreciates your assistance and expertise. Your designation as an evaluator for CFBHN requires that you fully understand the policies regarding potential conflicts of interest and the confidential nature of the responses and all that is contained therein.

Confidentiality. The competitive procurement process and the obligations imposed by the laws of the State of Florida require CFBHN to ensure that the competitive process operates in a fair and equitable manner. As an evaluator, you have access to information not generally available to the public and are charged with special professional and ethical responsibilities. You may have access to information about bidders that is to be used only during the evaluation process, and for discussion only with appropriate CFBHN personnel. You shall not discuss the evaluation, scoring, or status of any response or any action affecting any response with any person, firm, corporation, or other outside business entity at any time prior to, during, or after the procurement process. You shall not use such information obtained as an evaluator for any personal benefit, pecuniary or otherwise, nor copy and/or disseminate any portion of any response at any time prior to, during, or after the procurement process.

Conflict of Interest and Ethical Considerations. A conflict of interest or the appearance of a conflict of interest may occur if you or an immediate family member are directly or indirectly involved with an organization that has submitted a response for evaluation. Prior to reviewing any responses, you must inform CFBHN of any potential conflicts of interest or the appearance thereof. If you become aware of any potential conflict of interest as you review a response, you must immediately notify the point of contact for this procurement: Steven Jorgenson (813) 740-4811. You may be disqualified as an evaluator if you conduct yourself in a way that could create the appearance of bias or unfair advantage with or on behalf of any competitive bidder, potential bidder, agent, subcontractor, or other business entity, whether through direct association with contractor representatives, indirect associations, through recreational activities or otherwise.

Examples of potentially biasing affiliations or relationships are listed below:

1. Your solicitation, acceptance, or agreement to accept from anyone any benefit, pecuniary or otherwise, as consideration for your decision or recommendation as it pertains to your evaluation of any response.
2. Your affiliation with a bidding company or institution. For example, a conflict may exist when you:

- a. Are employed by or are being considered for employment with the company or institution submitting any bid or hold a consulting, advisory, or other similar position with said company or institution;
 - b. Hold any current membership on a committee, board, or similar position with the company or institution;
 - c. Hold ownership of the company or institution, securities, or other evidences of debt;
 - d. Are currently a student or employee in the department or school submitting a response.
3. Your relationship with someone who has a personal interest in the response. This includes any affiliation or relationship by marriage or through family membership, any business or professional partnership, close personal friendship, or any other relationship that you think might tend to affect your objectivity or judgment or may give an appearance of impropriety to someone viewing it from the outside the relationship.

I have read this document and understand my obligations as explained herein. I further understand that I must advise CFBHN if a conflict currently exists or arises during my term of service as an evaluator. I further understand that I must sign and deliver this statement to CFBHN prior to participating in the evaluation process.

Evaluator Signature: _____

Evaluator Name (Printed): _____

Date: _____ RFP: 171803FACT

Evaluation Questions

CFBHN RFP 171803FACT

Florida Assertive Community Treatment Teams in Charlotte, North Lee, South Lee, and Sarasota Counties

At a minimum, the below items from this RFP should be addressed in your agency's response. Please be as descriptive as possible as to how your agency plans to meet the requirements and goals of each item. Responses exhibiting innovation and creativity will be scored higher than those lacking ingenuity.

- Scope of Work
- Discharges
- Transition Plan
- Staffing
- Performance Measures
- Vendor Unique Qualifications
- Community Specific Unique Vendor Qualifications
- Recovery-Oriented System of Care (ROSC) Financial Risk Assessment

Evaluation Tools

CFBHN RFP 171803FACT Florida Assertive Community Treatment Teams in Charlotte, North Lee, South Lee, and Sarasota Counties

Instructions:

Each of the criterion for this RFP has a score value from 0-10, with 0 being no value and 10 being excellent. A score can be issued in tenths (i.e. 7.3).

Description of Points:

Point Value	Category	Description
10 Points	Excellent	Presentation is very clear and comprehensive ; Demonstrates superior organizational and programmatic capacity; Presentation demonstrates innovation ; Level of detail leaves the rater with no unanswered questions.
8 Points	Good	Presentation is clear and comprehensive ; Demonstrates good organizational and programmatic capacity; Presentation demonstrates some innovation ; Level of detail leaves the rater with no unanswered questions.
5 Points	Fair	Presentation is somewhat clear but may not be comprehensive ; Demonstrates fair organizational and programmatic capacity; Level of detail may leave the rater with several unanswered questions.
2 Points	Poor	Presentation is not clearly presented or comprehensive ; Demonstrates poor organizational and programmatic capacity; Level of detail may leave the rater with many unanswered questions.
0 Points	Omitted	Not addressed in the presentation.

How to Compute Final Written Scores:

1. The total of the scores from the evaluators for the non-community-specific responses for each criterion will be summed up and the multiplied by the weighted value. The product of this establishes a base score for non-community-specific responses.
2. The total of the scores from the evaluators for the community-specific responses for each criterion will be summed up and the multiplied by the weighted value. The product of this establishes the community-specific score for each FACT team.
3. The base and community-specific scores will then be added for each FACT team the provider has been bid upon.
4. The top responders for each FACT team will then be invited to participate in the presentation process.

Point Value for Criteria

#	Criteria	Possible Score	Weighted Value	Maximum Points
1	Scope of Work	10	9	90
2	Discharges	10	8	80
3	Transition Plan	10	8	80
4	Staffing	10	8	80
5	Performance Measures	10	5	50
6	Vendor Unique Qualifications	10	5	50
7	Community Specific Unique Vendor Qualifications (Sarasota County)	10	8	80
8	Community Specific Unique Vendor Qualifications (Charlotte County)	10	8	80
9	Community Specific Unique Vendor Qualifications (North Lee County)	10	8	80
10	Community Specific Unique Vendor Qualifications (South Lee County)	10	8	80
11	Recovery-Oriented System of Care (ROSC)	10	6	60
12	Financial Risk Assessment	10	3	30
Maximum Possible Score Per Team				600

Vendor Name:			
Description:	Scope of Work (3.2)		
<p>FACT team core elements include a multi-disciplinary clinical team approach with a fixed point of responsibility for directly providing the majority of treatment, rehabilitation and support services to identified individuals with mental health or co-occurring disorders. Points should be awarded for answering questions thoroughly in a manner which protects the best interests of the individuals as well as the system of care as a whole.</p>			
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Discharges (3.3)		
Points should be awarded in this section for demonstrating a clinically sound methodology of discharging those who are most fit to be stepped down to a less intensive level of services.			
Notes:			
Evaluator's Score:			Evaluator's Initials:



Vendor Name:			
Description:	Transition Plan (3.4)		
<p>Smoothly transitioning these individuals into an organization's continuum of care is critical to the long-term wellbeing of the clients. Points should be awarded for a sound process which maximizes the fluidity of the transition and the required:</p> <ul style="list-style-type: none"> • "Initial Assessment and Recovery Plan" • "Comprehensive Assessment" • "Comprehensive Recovery Plan" <p>If the responder currently operates a FACT team included in this procurement, the response should include what changes would be made to the continuum of care to transition into the next fiscal year.</p>			
Notes:			
Evaluator's Score:			Evaluator's Initials: <div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block;"></div>

Vendor Name:			
Description:	Staffing (3.5)		
Points should be awarded based on the provider's demonstration of their ability to properly staff their teams in compliance with Guidance Document 16.			
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Performance Measures (3.6)		
Points should be awarded based on the demonstration of a track record of successes in meeting and exceeding performance measure obligations.			
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Vendor Unique Qualifications (3.7)		
Evaluators may use their discretion in awarding points based on any factors within this section which support an inference that they will be successful with the team(s) that have bid on.			
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Community Specific Unique Vendor Qualifications: Sarasota County (3.8)		
Points should be awarded to providers who demonstrate specific knowledge and relationships with the specific community whose FACT team they are vying for. Extraneous attachments, including signed letters of support may be taken into consideration.			
Notes:			
Evaluator's Score:		Evaluator's Initials:	

Vendor Name:			
Description:	Community Specific Unique Vendor Qualifications: Charlotte County (3.8)		
Points should be awarded to providers who demonstrate specific knowledge and relationships with the specific community whose FACT team they are vying for. Extraneous attachments, including letters of support may be taken into consideration.			
Notes:			
Evaluator's Score:		Evaluator's Initials:	

Vendor Name:			
Description:	Community Specific Unique Vendor Qualifications: North Lee County (3.8)		
Points should be awarded to providers who demonstrate specific knowledge and relationships with the specific community whose FACT team they are vying for. Extraneous attachments, including letters of support may be taken into consideration.			
Notes:			
Evaluator's Score:		Evaluator's Initials:	

Vendor Name:			
Description:	Community Specific Unique Vendor Qualifications: South Lee County (3.8)		
Points should be awarded to providers who demonstrate specific knowledge and relationships with the specific community whose FACT team they are vying for. Extraneous attachments, including letters of support may be taken into consideration.			
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Recovery-Oriented System of Care (ROSC) (3.9)		
Points should be awarded for responses that demonstrate a comprehensive understanding of ROSC and how those principles translate into running a FACT team.			
Notes:			
Evaluator's Score:			Evaluator's Initials:



Evaluation of Financial Information

CFBHN RFP 171803FACT Florida Assertive Community Treatment Teams in Charlotte, North Lee, South Lee, and Sarasota Counties

The Financial Stability shall be evaluated by staff in the Finance Department at Central Florida Behavioral Health Network utilizing the scoring sheet and Financial Risk Assessment on the following pages.

Vendor Name:			
Description:	Financial Risk Assessment		
<p>Copies of their last two financial and compliance audits conducted through an independent auditing firm. The audit must include financial statements, auditor's report, and management letters. Additionally, the vendor must submit a completed financial risk assessment.</p> <p>If the vendor is not required to have an audit (as required by OMB Circular A-133), and does not have reports for the two previous years, then corresponding financial statements that include Income Statement, Balance Sheet, and Statement of Cash Flows shall be certified by the agency's Chief Executive Officer, Chief Operating Officer or Chief Financial Officer and shall be submitted, along with the completed financial risk assessment.</p>			
Notes:			
Evaluator's Score:			Evaluator's Initials: <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>

Program Guidance for Managing Entity Contracts

AGENCY: _____

PERIOD: _____

DATE: _____

Central Florida Behavioral Health Network
Financial Risk Assessment
Agency Monitoring Tool

	Calculated Value %	Benchmark	Points Available	Score Year 1	Score Year 2	SCORE TOTAL
1. Total Profit or loss based on a % of the agency's total expenses <i>Total Profit or loss based on a percentage of the agency's total expenses.</i>	#DIV/0!	>0%	2 3.1% and above 1 break even to 3% 0 below 0			0.00
2. Unrestricted net assets <i>This ratio provides an indication of the net resources available to provide services in the future.</i>	0	> .40	2 Above .40 1 Between .30 and .39 0 less than .29			0.00
Cash reserves <i>Cash reserves is a rough measure of the amount of cash on hand to cover future expenses. When calculating total annual expenses, depreciation should not be included for this metric.</i>	0	60 days	3 Above 90 2 between 65 and 89 1 between 49 and 64 0 below 48			0.00
4. Receivable days <i>This number reflects the average length of time required to collect cash from receivable accounts. It is crucial to maintain positive liquidity.</i>	#DIV/0!	45 days	2 Between 0 - 45 days 1 Between 46 - 75 days 0 Above 76 days			0.00
5. Payable days <i>This ratio shows the average number of days that lapse between purchase of material and labor, and payment for them. It is a rough measure of how timely an organization is meeting payment obligations.</i>	#DIV/0!	30 days	2 Between 0 - 25 days 1 Between 26 - 45 days 0 Above 46 days			0.00
6. Working Capital Current ratio <i>This metric measures the overall liquidity position of an organization. Measures the ability to pay its current obligations using current assets by current liabilities</i>	#DIV/0!	2:1	3 Greater than 2 2 Between 1.50 - 1.99 1 Between 1.00-1.49 0 Between 0 - .99			0.00
7. Audit findings over financial reporting or compliance: <i>Audit findings over internal controls and compliance.</i>		No Deficiencies	3 No deficiencies or material weaknesses 0 Deficiencies identified -1 Material weakness(es) identified			0.00

Maximum Points Available Per Year: 17.00

Maximum Points Available TOTAL 34.00

Score 0.00

Total Score 0.00

FOR CFBHN USE ONLY

Check all measures against submitted financials

Check all formulas

Enter CFBHN validated Total Score

CFBHN Staff Initials

CFBHN Staff Initials

CFBHN Staff Initials

CFBHN Reviewer Name: _____

Date: _____

Final as of 11/4/15

Presentation Assessments

Instructions:

Evaluators should assess a score value from 0-10 for each applicable point (with 0 being no value and 10 being excellent). A score can be issued in tenths (i.e. 7.3). The scores will later be weighted to establish the final score. 75% of the base score will come from the general presentation and 25% of the score will come from the community-specific score for each team.

Vendor Name:			
Description:	General FACT Presentation		
Points should be awarded in this section based on the overall presentation of the provider's ability to succeed in operating a FACT team that is not specific to any community.			
Point Value	Category	Description	
10 Points	Excellent	Presentation is very clear and comprehensive ; Demonstrates superior organizational and programmatic capacity; Presentation demonstrates innovation ; Level of detail leaves the rater with no unanswered questions.	
8 Points	Good	Presentation is clear and comprehensive ; Demonstrates good organizational and programmatic capacity; Presentation demonstrates some innovation ; Level of detail leaves the rater with no unanswered questions.	
5 Points	Fair	Presentation is somewhat clear but may not be comprehensive ; Demonstrates fair organizational and programmatic capacity; Level of detail may leave the rater with several unanswered questions.	
2 Points	Poor	Presentation is not clearly presented or comprehensive ; Demonstrates poor organizational and programmatic capacity; Level of detail may leave the rater with many unanswered questions.	
0 Points	Omitted	Not addressed in the presentation.	
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Community-Specific FACT Presentation: Sarasota County		
Points should be awarded in this section based on the provider's demonstration of their ability to succeed at operating a FACT team that is specific to the designated community.			
Point Value	Category	Description	
10 Points	Excellent	Presentation is very clear and comprehensive ; Demonstrates superior organizational and programmatic capacity; Presentation demonstrates innovation ; Level of detail leaves the rater with no unanswered questions.	
8 Points	Good	Presentation is clear and comprehensive ; Demonstrates good organizational and programmatic capacity; Presentation demonstrates some innovation ; Level of detail leaves the rater with no unanswered questions.	
5 Points	Fair	Presentation is somewhat clear but may not be comprehensive ; Demonstrates fair organizational and programmatic capacity; Level of detail may leave the rater with several unanswered questions.	
2 Points	Poor	Presentation is not clearly presented or comprehensive ; Demonstrates poor organizational and programmatic capacity; Level of detail may leave the rater with many unanswered questions.	
0 Points	Omitted	Not addressed in the presentation.	
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Community-Specific FACT Presentation: Charlotte County		
Points should be awarded in this section based on the provider's demonstration of their ability to succeed at operating a FACT team that is specific to the designated community.			
Point Value	Category	Description	
10 Points	Excellent	Presentation is very clear and comprehensive ; Demonstrates superior organizational and programmatic capacity; Presentation demonstrates innovation ; Level of detail leaves the rater with no unanswered questions.	
8 Points	Good	Presentation is clear and comprehensive ; Demonstrates good organizational and programmatic capacity; Presentation demonstrates some innovation ; Level of detail leaves the rater with no unanswered questions.	
5 Points	Fair	Presentation is somewhat clear but may not be comprehensive ; Demonstrates fair organizational and programmatic capacity; Level of detail may leave the rater with several unanswered questions.	
2 Points	Poor	Presentation is not clearly presented or comprehensive ; Demonstrates poor organizational and programmatic capacity; Level of detail may leave the rater with many unanswered questions.	
0 Points	Omitted	Not addressed in the presentation.	
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Community-Specific FACT Presentation: North Lee County		
Points should be awarded in this section based on the provider's demonstration of their ability to succeed at operating a FACT team that is specific to the designated community.			
Point Value	Category	Description	
10 Points	Excellent	Presentation is very clear and comprehensive ; Demonstrates superior organizational and programmatic capacity; Presentation demonstrates innovation ; Level of detail leaves the rater with no unanswered questions.	
8 Points	Good	Presentation is clear and comprehensive ; Demonstrates good organizational and programmatic capacity; Presentation demonstrates some innovation ; Level of detail leaves the rater with no unanswered questions.	
5 Points	Fair	Presentation is somewhat clear but may not be comprehensive ; Demonstrates fair organizational and programmatic capacity; Level of detail may leave the rater with several unanswered questions.	
2 Points	Poor	Presentation is not clearly presented or comprehensive ; Demonstrates poor organizational and programmatic capacity; Level of detail may leave the rater with many unanswered questions.	
0 Points	Omitted	Not addressed in the presentation.	
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Community-Specific FACT Presentation: South Lee County		
Points should be awarded in this section based on the provider's demonstration of their ability to succeed at operating a FACT team that is specific to the designated community.			
Point Value	Category	Description	
10 Points	Excellent	Presentation is very clear and comprehensive ; Demonstrates superior organizational and programmatic capacity; Presentation demonstrates innovation ; Level of detail leaves the rater with no unanswered questions.	
8 Points	Good	Presentation is clear and comprehensive ; Demonstrates good organizational and programmatic capacity; Presentation demonstrates some innovation ; Level of detail leaves the rater with no unanswered questions.	
5 Points	Fair	Presentation is somewhat clear but may not be comprehensive ; Demonstrates fair organizational and programmatic capacity; Level of detail may leave the rater with several unanswered questions.	
2 Points	Poor	Presentation is not clearly presented or comprehensive ; Demonstrates poor organizational and programmatic capacity; Level of detail may leave the rater with many unanswered questions.	
0 Points	Omitted	Not addressed in the presentation.	
Notes:			
Evaluator's Score:			Evaluator's Initials:

APPENDIX XIV

GUIDANCE DOCUMENT 16

Guidance 16

Florida Assertive Community Treatment (FACT) Handbook

Contract Reference: *Sections A-1.1 and C-1.3.2*

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– OVERVIEW

In an effort to promote independent, integrated living for individuals with serious psychiatric disabilities, Florida Assertive Community Treatment (FACT) teams provide a 24-hour-a-day, seven-days-a week, multidisciplinary approach to deliver comprehensive care to people where they live, work or go to school, and spend their leisure time. The programmatic goals are to prevent recurrent hospitalization and incarceration and improve community involvement and overall quality of life for program participants. This handbook provides guidance to the Managing Entities on the programmatic expectations for a Network Service Provider implementing FACT. It was developed based on the Tool for Measurement of Assertive Community Treatment (TMACT) Protocol.¹

¹ Monroe-DeVita, M., Moser, L.L. & Teague, G.B. (2011). *The tool for measurement of assertive community treatment (TMACT)*. Unpublished measure.

○ **PROGRAM DESCRIPTION**

FACT team core elements include a multi-disciplinary clinical team approach with a fixed point of responsibility for directly providing the majority of treatment, rehabilitation and support services to identified individuals with mental health and co-occurring disorders.

Program characteristics include:

- The provider is the primary provider of services and fixed point of accountability;
- Services are primarily provided out of office;
- Services are flexible and highly individualized;
- There exists an assertive, “can do” approach to service delivery; and
- Services are provided continuously over time.

A typical FACT participant may present with diagnoses such as schizophrenia, schizoaffective disorder, bipolar disorder, major depression, and personality disorders. Challenges associated with these illnesses are often compounded by co-occurring substance use issues, physical health problems, and mild intellectual disabilities. These individuals are at high risk of repeated psychiatric admissions and have typically experienced prolonged inpatient psychiatric hospitalization or repeated admissions to crisis stabilization units. Many are involved in the criminal justice system and face the possibility of incarceration.

The FACT team delivers services on a long-term basis with continuity of caregivers over time. Emphasis is on recovery, choice, outreach, relationship building, and individualization of services. Enhancement funds are available to assist with housing costs, medication costs, and other needs identified in the recovery planning process. The number and frequency of contacts is set through collaboration rather than service limits. The team is available on nights, weekends, and holidays. Service intensity is dependent on need and can vary from minimally once weekly to several contacts per day. On average, participants receive 3 weekly face-to-face contacts. This flexibility allows the team to quickly ramp up service provision when a program participant exhibits signs of decompensation prior to a crisis ensuing. Teams must provide a minimum of 75% of all services and supports in the community. This means providing services in areas that best meet the needs of the individual, such as the home, on the street, or in another location of the participant's choosing.

There are no mandated minimum or maximum lengths of stay in the program. However, it is expected that individuals will be assisted in attaining recovery goals, thereby enabling transition to less intensive community services. The team conducts regular assessment of the need for services and uses explicit criteria for participant transfer to less intensive service options. Transition is gradual, individualized and actively involves the participant and the next provider to ensure effective coordination and engagement.

The team approach to delivering services and lack of service limits make FACT a unique service. There is no Medicaid state plan service equivalent to FACT; therefore, it is not covered by managed medical assistance or specialty plans. The program is funded through a combination of state general revenue and Medicaid administrative matching.

○ **PROGRAM GOALS**

The FACT program goals are to:

- Implement with fidelity to the ACT model;
- Promote and incorporate recovery principles in service delivery;
- Eliminate or lessen the debilitating symptoms of mental illness and co-occurring substance use that the individual may experience;
- Meet basic needs and enhance quality of life;
- Improve socialization and development of natural supports;
- Support with finding and keeping competitive employment;
- Reduce hospitalization;
- Increase days in the community;
- Collaborate with the criminal justice system to minimize or divert incarcerations; and
- Lessen the role of families and significant others in providing care.

– PROVIDER RESPONSIBILITIES AND EXPECTATIONS

○ STAFFING REQUIREMENTS

• Minimum Staffing Standards

FACT staffing configurations combine practitioners with varying backgrounds in education, training, and experience. This diverse range of skills and expertise enhances the team's ability to provide comprehensive care based on individual needs. The ratio of participants to direct service staff members should not exceed 10:1. Hours of operation and staff coverage provide services seven days per week with two overlapping eight hour shifts, operating a minimum of twelve hours per day on weekdays and eight hours each weekend day and holiday. The team operates an after-hours on-call system with a FACT team professional.

Based on the TMACT, the minimum staffing patterns are:

# of Participants	Minimum Direct Service ² FTE	Minimum Total FTE
105	10.3	12.3
100	10.0	11.8
95	9.7	11.5
90	9.4	11.2
85	9.1	10.9

Within the guidelines of the prescribed staff to participant ratios presented in the previous staffing chart, teams may exercise a degree of flexibility in team composition. However, a FACT team must minimally include:

- One full-time Team Leader;

² Direct service staff does not include the psychiatric care provider or administrative staff.

- One part-time Psychiatrist or Psychiatric Advanced Registered Nurse Practitioner (ARNP);
- One nurse for every 35 participants, one of whom must be a full-time registered nurse required to be on duty Monday through Friday;
- One full-time Peer Specialist;
- One full-time Substance Abuse Specialist;
- One full-time Vocational Specialist;
- One full-time Case Manager; and
- One full-time Administrative Assistant.

- **Staff Roles and Credentials**

The provider must maintain a current organizational chart indicating required staff and displaying organizational relationships and responsibilities, lines of administrative oversight, and clinical supervision.

- **Team Leader**

The Team Leader must be a full-time employee with full clinical, administrative, and supervisory responsibility to the team with no responsibility to any other programs during the 40-hour workweek and possess a Florida license in one of the following professions:

- Clinical Social Worker;
- Marriage and Family Therapist;
- Mental Health Counselor;
- Psychiatrist;
- Registered Nurse; or
- Psychologist.

The Team Leader is responsible for administrative and clinical oversight of the team and functions as a practicing clinician. Preferably, the Team Leader is certified as a clinical supervisor. If the Team Leader is a Registered Nurse, this does not replace the requirement for a registered nurse on duty every weekday. The Team Leader receives clinical supervision from the Psychiatrist or Psychiatric ARNP and administrative supervision from the Chief Executive Officer or designee.

- **Psychiatrist or Psychiatric ARNP**

The Psychiatrist or Psychiatric ARNP provides clinical supervision to the entire team as well as psychopharmacological services for all participants. He or she also monitors non-psychiatric medical conditions and medications, provides brief therapy, and provides diagnostic and medication education to participants, with medication decisions based in a shared decision making paradigm. If participants are hospitalized, he or she communicates directly with the inpatient psychiatric care provider to ensure continuity of care. The Psychiatrist or Psychiatric ARNP also conducts home and community visits with participants

as needed. The Psychiatrist must be board certified. If the team employs a Psychiatric ARNP, there must be access to a board-certified Psychiatrist for weekly consultation. A minimum of 32 hours of psychiatric services must be available for participants per week.

- **Nurse**

Preferred staffing for each team includes only Registered Nurses (RNs); however, a team may at minimum include one RN and sufficient additional licensed practical nurses to meet the required ratio. All nurses must have at least one-year experience working with adults with mental illnesses. Nurses perform the following critical roles:

- Manage the medication system;
- Administer and document medication treatment;
- Screen and monitor participants for medical problems/side effects;
- Communicate and coordinate services with other medical providers;
- Engage in health promotion, prevention, and education activities (i.e., assess for risky behaviors and attempt behavior change related to their physical health);
- Educate other team members on monitoring of psychiatric symptoms and medication side effects; and
- With participant agreement, develop strategies to maximize the taking of medications as prescribed (e.g., behavioral tailoring, development of individual cues and reminders).

- **Peer Specialist**

A Peer Specialist fulfills a unique role in the support and recovery from mental health disorders. A Peer Specialist has lived experience receiving mental health services for severe mental illness. His or her life experience and recovery provides knowledge and insight that professional training cannot replicate. The Peer Specialist is a fully integrated team member who provides individualized support services and promotes self-determination and decision-making. The Peer Specialist provides essential expertise and consultation to the entire team to promote a culture in which each person's point of view and preferences are recognized, understood, respected, and integrated into care. Within one year of employment, the Peer Specialist must meet the professional requirements and standards set forth by the Florida Certification Board and become certified by the state of Florida as a Certified Recovery Peer Specialist for Adults (CRPS-A). His or her mental health professional qualifications are compensated on an equitable basis with other FACT team members.

- **Substance Abuse Specialist**

There must be at least one Substance Abuse Specialist with a bachelor's or master's degree in psychology, social work, counseling, or other behavioral science; and two years of experience working with individuals with co-occurring disorders. Within one year of employment, a bachelor's level Substance Abuse Specialist must meet Florida's standards for certification as an Addiction

Professional. The Substance Abuse Specialist provides integrated treatment for co-occurring mental illness and substance use disorders to participants who have a substance use problem. These services include:

- Substance use assessments that consider the relationship between substance use and mental health;
- Assessment and tracking of participants' stages of change readiness and stages of treatment;
- Outreach and motivational interviewing techniques;
- Cognitive behavioral approaches and relapse prevention; and
- Treatment approaches consistent with the participants' stage of change readiness

The Substance Abuse Specialist also provides consultation and training to other team staff on integrated assessment and treatment skills relating to co-occurring disorders.

- **Vocational Specialist**

There must be at least one Vocational Specialist who has a bachelor's degree and a minimum of one year of experience providing employment services. The Vocational Specialist provides supported employment services as described in the Substance Abuse and Mental Health Services Administration's Supported Employment Evidence-Based Practices (EBP) KIT, which may be downloaded at <http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365>. Current training and practitioner tools may also be accessed on the Individual Placement and Support (IPS) Employment Center website at <http://www.ipsworks.org/>.

The Vocational Specialist also provides consultation and training to other team staff on supported employment approaches.

- **Case Manager**

This position requires a minimum of a bachelor's degree in a behavioral science and a minimum of one year of work experience with adults with psychiatric disabilities. The Case Manager provides the rehabilitation and support functions under clinical supervision and are integral members of individual treatment teams. This includes social and communication skills training and training to enhance participant's independent living. Examples include on-going assessment, problem solving, assistance with activities of daily living, and coaching.

- **Administrative Assistant**

An Administrative Assistant is responsible for organizing, coordinating, and monitoring the non-clinical operations of FACT. Functions include direct support to staff, including monitoring and coordinating daily team schedules and supporting staff in both the office and field. Additionally, the Administrative Assistant serves as a liaison between participants and staff, including attending to the needs of office walk-ins and calls from participants and natural supports. The Administrative Assistant actively participates in the daily team meeting.

- **Staff Communication and Planning**

The FACT team conducts daily organizational staff meetings at regularly scheduled times as established by the Team Leader. The team completes the following tasks during the daily meeting:

- Conducts a brief, clinically-relevant review of all participants and contacts (i.e. phone calls, home visits, transporting, etc.) in the past 24 hours and document this information;
- Maintains a weekly schedule for each participant including all treatment and service contacts to be carried out to reach the goals and objectives in the participant's recovery plan;
- Maintains a central file of all weekly schedules;
- Develops a daily staff schedule consisting of a written timetable for all treatment and service contacts to be divided and shared by the staff working that day based on:
 - The weekly schedule for each participant,
 - Emerging needs, and
 - Need for pro-active contacts to prevent future crises; and
 - Revise recovery plans as needed and add service contacts to the daily staff assignment schedule per the revised recovery plans.

- **PROGRAM ENROLLMENT**

The FACT team should actively and continually recruit new enrollees who could benefit from ACT, including assertive outreach to referral sources outside of usual community mental health settings. Examples include state treatment facilities, community hospitals, crisis stabilization units, emergency rooms, prisons, jails, shelters, and street outreach. The team engages individuals in order to screen them for eligibility and allow them to make an informed decision regarding participation in services. Once threshold and eligibility requirements are met and the individual agrees to participation, the team enrolls applicants. The team should not exceed four admissions per month in order to maintain a stable service environment.

- **Threshold Requirements**

The FACT team must comply with the following parameters when at full capacity or while achieving full capacity:

- At least 50 percent of enrolled participants must be directly discharged from a state mental health treatment facility serving the circuit in which the team is located; and
- At least 60 percent of all participants must be eligible for Medicaid.

- **Clinical Eligibility Requirements**

The individual must have a diagnosis within one of the following categories as referenced in the American Psychiatric Association's Diagnostic and Statistical Manual

of Mental Disorders, 5th Edition or the latest edition thereof (see Appendix A for a detailed list of qualifying diagnoses):

- Schizophrenia Spectrum and Other Psychotic Disorders;
- Bipolar and Related Disorders;
- Depressive Disorders;
- Anxiety Disorders;
- Obsessive-Compulsive and Related Disorders;
- Dissociative Disorders;
- Somatic Symptom and Related Disorders; and
- Personality Disorders.

The individual must meet one of the following six criteria:

- High risk for hospital admission or readmission;
- History of prolonged inpatient stays of more than 90 days within one year;
- History of more than three (3) episodes of criminal justice involvement within one year;
- Referred for aftercare services by one (1) of the state's correctional institutions;
- Referred from an inpatient detoxification unit with documented history of co-occurring disorders; or
- Have more than 3 crisis stabilization unit or hospital admissions for mental health crisis stabilization within one year.

The individual must meet at least three of the following six characteristics:

- Inability to consistently perform the range of practical daily living tasks required for basic adult interactional roles in the community without significant assistance from others. Examples of these tasks include:
 - Maintaining personal hygiene,
 - Meeting nutritional needs,
 - Caring for personal business affairs,
 - Obtaining medical, legal, and housing services, and
 - Recognizing and avoiding common dangers or hazards to self and possessions;
- Inability to maintain employment at a self-sustaining level or inability to consistently carry out the homemaker role (e.g., household meal preparation, washing clothes, budgeting or child-care tasks and responsibilities);
- Inability to maintain a stable living situation (repeated evictions, loss of housing, or no housing);

- Co-occurring substance use disorder of significant duration (greater than six months) or co-occurring mild intellectual disability;
- Destructive behavior to self or others; or
- High-risk of or recent history of criminal justice involvement (arrest and incarceration).

As long as the above admission requirements are met, substance use disorders and mild intellectual disabilities, as defined in the DSM-5, cannot be used as a basis to deny FACT services. Individuals will continue membership with their managed medical assistance plan for provision of medical services. FACT will be solely responsible for comprehensive behavioral health services. FACT will coordinate care with an individual's managed medical assistance plan.

○ **SERVICES AND SUPPORTS**

The FACT approach to performing services is based on recovery orientation and promotes empowerment. The guiding principles include participant choice, cultural competence, person-centered planning, rights of persons served, stakeholder inclusion, and voice.

- Using this approach, the FACT team must provide the following services:
 - **Crisis Intervention and 24/7 On-call Coverage**
The team assists with crisis intervention, referrals, or supportive counseling when needed.
 - **Comprehensive Assessment**
Within 60 days of admission to FACT, the team completes assessments to guide care.
 - **Natural Support Network Development**
This develops natural community supports, including extended family and friends, support groups and peer support, and religious and civic organizations.
 - **Case Management**
The primary case manager, along with the team, coordinates care, advocates on behalf of the participant, and provides access to a variety of services and supports, including but not limited to:
 - Primary health care (medical and dental);
 - Basic needs such as housing and transportation;
 - Educational and employment services; and
 - Legal services.
 - **Enhancement Funds**
Funding is used to increase or maintain a person's independence and integration into their community. It may be used for costs related to housing, medications, employment, education, and specialized treatment not paid by

any other means. Detailed guidelines on the use of enhancement funds may be found in Appendix B, the January 2010 FACT Enhancement Guidelines.

- **Family Engagement and Education**

With consent of the participant, families are engaged in the treatment process and are educated on topics related to their family member's recovery goals, diagnosis, and illness management.

- **Psychiatric Services**

FACT medical staff provide psychiatric evaluation, medication management, medication education, and medication administration.

- **Rehabilitation Services**

Team members provide skill training in the areas of effective communication, activities of daily living, safety planning, money management, and positive social interactions in order to enhance independent living. This may include modeling behaviors, practicing and role-plays, staff feedback, and ongoing prompting and cuing.

- **Substance Abuse and Co-occurring Services**

Both mental health and substance abuse needs are addressed through integrated screening and assessment, stage of change readiness determination, and therapeutic interventions consistent with the participant's readiness to change behaviors. The treatment approach is based on motivational interviewing and is non-judgmental, stresses engagement, and does not make sobriety a condition of continued treatment.

- **Supported Employment**

This includes vocational assessment, job placement, and ongoing coaching and support (including on-site support) as desired by the participant.

- **Therapy**

Clinicians provide and coordinate individual, group, and family therapy services. The type, frequency and location of therapy provided are based on individual needs and utilize empirically supported techniques for that individual and their symptoms and behaviors.

- **Wellness Management and Recovery Services**

The team assists participants to develop personalized strategies for managing their wellness, set and pursue personal goals, learn information and skills to develop a sense of mastery over their psychiatric illness, and help them put strategies into action in their everyday lives.

- **Transportation**

Staff assists with transportation to medical appointments, court hearings, or other related activities outlined in the care plan.

- **Supported Housing**

The team assists the participant in accessing affordable, safe, permanent housing of their choice through provision of multiple housing options with assured tenancy rights regardless of progress or success in services.

- **Competency Training**

For participants who are adjudicated incompetent to proceed, the team will provide competency restoration training and assist the participant through the legal process.

- **Initial Assessment and Recovery Plan**

The Team Leader in coordination with the Psychiatrist or Psychiatric ARNP performs an initial assessment and develops an initial plan of care on the day of the participant's admission to the program. The participant and designated team members will be actively involved in the development of the plan. This is intended to ensure that immediate needs for medication, treatment, and basic needs are not delayed. The required components of an initial assessment, at a minimum, include:

- A brief mental status examination;
- Assessment of symptoms;
- An initial psychosocial history;
- An initial health/medical assessment;
- A review of previous clinical information obtained at the time of admission;
- A preliminary identification of the participant's housing, financial and employment status; and
- A preliminary review of the participant's strengths, challenges, and preferences.

- **Comprehensive Assessment**

The Team Leader assigns the individual's treatment team, including the Psychiatrist or Psychiatric ARNP and primary case manager on the day of admission. The team is responsible for preparing a written comprehensive assessment within 60 days of the participant's admission to the program. The comprehensive assessment must meet the following requirements:

- Each assessment area is completed by a team member with skill and knowledge in the area being assessed and is based upon all available information.
- At minimum, the comprehensive assessment includes:
 - Psychiatric history and diagnosis;
 - Mental status;
 - Strengths, abilities, and preferences;
 - Physical health;
 - History and current use of drugs or alcohol;
 - Education and employment history and current status;

- Social development and functioning;
- Activities of daily living;
- Family and social relationships and supports; and
- Recommendations for care.
- To supplement the comprehensive assessment, the team completes a psychiatric/social functioning history time line no later than 120 days after the first day of admission.
- The team updates assessments at least annually and uses the updated assessments to update the recovery plan. All necessary areas essential for planning must be included in the updated assessment.

- **Comprehensive Recovery Plan**

The team completes a comprehensive recovery plan as an expansion of the initial plan within 90 days of admission, following completion of all assessments. The Comprehensive Recover Plan shall adhere to the following guidelines:

- Planning is person-centered and actively involves the participant, guardian (if any), and family members and significant others the participant wishes to participate.
- The plan is reviewed and updated, at minimum, every six months during planned meetings, unless clinically indicated earlier, by the treatment team and the participant.
- The plan is based on assessment findings and:
 - Identifies the participant's strengths, resources, needs and limitations;
 - Identifies short and long-term goals with timelines;
 - Identifies participant's preferences for services;
 - Outlines measurable treatment objectives and the services and activities necessary to meet the objectives and needs of the participant; and
 - Targets a range of life domains such as symptom management, education, transportation, housing, activities of daily living, employment, daily structure, and family and social relationships, should the assessment identify a need and the individual agrees to identify a goal in that area.

- **ADMINISTRATIVE TASKS**

The FACT team performs administrative tasks that include the following:

- Establishment and maintenance of written policies and procedures for:
 - Personnel,

- Program organization,
- Admission and discharge criteria and procedures,
- Assessments and recovery planning,
- Provision of services,
- Medical records management,
- Quality assurance/quality improvement,
- Risk management, and
- Rights of persons served.
- Accurate record keeping reflecting specific services offered to and provided for each participant, available for review to managing entity and Department staff;
- Coordination of services with other entities to ensure the needs of the participant are addressed at any given time;
- Providing staff training and supervision to ensure staff is aware of their obligations as an employee; and
- A plan for supporting participants in the event of a disaster including contingencies for staff, provision of needed services, medications, and post-disaster related activities.

○ **FACT TRANSFERS**

When a participant plans to move out of the area, the team is responsible for transfers to the FACT team serving the new location. The originating team contacts the receiving team to determine if they have capacity to accept the transfer and a date of transfer. Once this has been established, the originating team must, with consent, send the receiving team a comprehensive referral packet.

FACT teams are obligated to accept any transfers if the team has capacity. Both the originating and receiving teams will make every effort to ensure the participant has stable housing. Upon arrival, the receiving team shall review the participant's clinical records, conduct an initial assessment and admission process, assess the person's current medication regime, consult with the program Psychiatrist and conduct a new comprehensive assessment or develop a new recovery plan.

When an individual meets criteria and there is capacity, the team must accept and enroll all referrals from the Departments' Substance Abuse and Mental Health regional office or the Managing Entity.

○ **DISCHARGE PROCESS**

During the daily meetings, the team assess participants for the continued need for FACT services. If it is determined that the participant could be successful in a lower level of care, the team starts addressing transition goals with the participant. This process may take time and early engagement with potential new service providers to acclimate the participant.

- Discharges are tracked and fall into these categories:

- The participant demonstrates an ability to perform successfully in major role areas (i.e., work, social, and self-care) over time without requiring assistance from the program and no longer requires this level of care (i.e. successful completion);
- The participant moves outside of the geographic areas of the FACT team's responsibility;
- The participant requests discharge or chooses not to participate in services, despite the team's repeated efforts to develop a recovery plan acceptable to the participant;
- The participant has been admitted to a state mental health treatment facility and has remained in such facility for a period exceeding six months, and there is no anticipated date of discharge;
- The participant has been adjudicated guilty of a felony crime and subsequently sent to a state or federal prison for a sentence that exceeds one year;
- The participant was admitted to a nursing facility for long-term care due to a medical condition, and there is no anticipated date of discharge.
- The participant dies.
- The team must document the discharge process in the participant's medical record, including:
 - The reason(s) for discharge;
 - The participant's status and condition at discharge;
 - A final evaluation summary of the participant's progress toward the outcomes and goals set forth in the recovery plan;
 - A plan developed in conjunction with the participant for treatment upon discharge and for follow-up that includes the signature of the primary case manager, Team Leader, Psychiatrist, and the participant or legal guardian;
 - Documentation of referral information made to other agencies upon discharge; and
 - Documentation that the participant was advised he or she may return to the FACT team if they desire and space is available.

○ **FACT ADVISORY COMMITTEE**

Advisory committees are a group of volunteer stakeholders that come together to support and guide a FACT team and ensure the team's work is consistent with those portions of the NAMI-published National Program Standards for ACT Teams, revised June 2003³, that have been adopted by the Department. The advisory committee's primary functions are to promote quality programs consistent with these standards and assist in the oversight of the

³ Allness, Deborah J., and William H. Knoedler. A Manual for ACT Start-up: Based on the PACT Model of Community Treatment for Persons with Severe and Persistent Mental Illnesses. Arlington, VA: NAMI, 2003. Print.

program through monitoring, problem solving, and mediating grievances or complaints made by participants or their families. Details regarding implementation and operation of the advisory committee, including a FACT Model Fidelity Review sample, can be found in Appendix C.

○ **REPORTS**

FACT teams are responsible for submitting the following reports to the managing entity in a timely and accurate manner:

- **FACT Enhancement Reconciliation Report**

This quarterly report displays the team's monthly expenditures of enhancement funds.

- **FACT Ad Hoc Quarterly Report**

This report displays the team's monthly census and aggregate client data for types of housing, employment/volunteer status, crisis stabilization admissions, state hospitalizations, educational status, and types of discharges.

- **Incident Reports**

The team must comply with the reporting requirements of the Department's Children and Families Operating Procedure CFOP 215-6 "Incident Reporting and Analysis System – IRAS."

- **Vacant Position(s) Reports**

This monthly report displays positions required by this program and whether the positions were filled or vacant for the reporting month.

○ **OUTCOME MEASURES**

- The team is required to meet the following numerical targets for the target population “Adults with Serious and Persistent Mental Illness” as established in the General Appropriations Act:⁴
 - Percent of adults with severe and persistent mental illnesses who live in stable housing environment that is equal to or greater than 90 percent or the most current General Appropriations Act working papers transmitted to the Department of Children and Families; and,
 - Average annual days worked for pay for adults with a severe and persistent mental illness that is equal to or greater than 40 days worked for pay or the most current General Appropriations Act working papers transmitted to the Department of Children and Families.
- FACT teams also incorporate the following performance measures:
 - 90 percent of all initial assessments shall be completed on the day of the person’s enrollment with written documentation of the service occurrence in the clinical record.
 - 90 percent of all comprehensive assessments shall be completed within 60 days of the person’s enrollment with written documentation of the service occurrence in the clinical record.
 - 90 percent of all individuals enrolled shall have an individualized, comprehensive recovery plan within 90 days of enrollment with written documentation of the service occurrence in the clinical record.
 - 90 percent of all individuals enrolled shall have a completed psychiatric/social functioning history time line within 120 days of enrollment with written documentation of the service occurrence in the clinical record.
 - 50 percent of all individuals enrolled shall receive work-related services toward a goal of obtaining employment within one year of enrollment with written documentation of the service occurrence in the clinical record.
 - 90 percent of all individuals enrolled shall receive housing services toward a goal of obtaining independent, integrated living within one year of enrollment with written documentation of the service occurrence in the clinical record.
 - 90 percent of staffing requirements will be maintained monthly.
 - Five percent or less of all individuals enrolled will be admitted to a state mental health treatment facility while receiving FACT services or within thirty (30) days of discharge from the program.

⁴ See ME Contract Exhibit E – Minimum Performance Standards at <http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2016-contract-docs>

- 75 percent of all individuals enrolled will maintain or show improvement in their level of functioning as measured by the Functional Assessment Rating Scale (FARS).

– MANAGING ENTITY RESPONSIBILITIES AND EXPECTATIONS

The Managing Entities are responsible for:

- Oversight of FACT requirements including report and invoice approvals;
- Provision of technical assistance to teams as needed;
- Participation in and oversight of advisory committees;
- Assistance with the timely and efficient transfers from state mental health treatment facilities to teams;
- Identification of need for additional FACT teams; and
- Monitoring of the program including:
 - Medical record reviews,
 - Personnel records review,
 - Policy and procedure reviews,
 - Staff credentials review,
 - Participant interviews, and
 - Follow up with corrective action plans, if indicated.

Managing Entities shall determine the eligibility of Network Service Providers and non-Network Service Providers to provide services funded with FACT Enhancement Funds.

- Such determination will be based on licensure or certification in good standing, history of licensing or certification complaints, appropriateness of services, staff training and qualifications, evidence of staff and organizational competency, interviews with organization staff, and other knowledge of significance unique to the individual provider.
- Treatment providers must be licensed by the Department, Agency for Health Care Administration (AHCA), or a related professional license.
- Recovery support providers not licensed by the Department or AHCA must provide documentation of applicable professional certifications.

– DEFINITION OF KEY TERMS

The following definitions facilitate a common understanding of key terms used in this Handbook:

Comprehensive assessment means an organized process of gathering information to evaluate a person's mental and interactional status and his or her treatment, rehabilitation, and support needs that will enhance recovery. The results of the assessment are used to develop an individual recovery plan for the person.

Culturally competent services means acknowledging and incorporating variances in normative acceptable behaviors, beliefs and values in determining an individual's mental wellness/illness and incorporating those variances into assessments and treatment that promotes recovery.

Empowerment means the process where the provider of services encourages the individual to make choices in matters affecting their lives and to accept personal responsibility for those choices. The empowerment process will include, but is not limited to: 1) freedom of choice regarding services; 2) influence over the operation and structure of service provision; 3) participation in system-wide recovery planning; and 4) participation in decision-making at the community level.

Engage as it relates to new admissions means the process of identifying, recruiting and considering a person for enrollment in FACT. A person being considered for FACT who is in a state mental health treatment facility, local hospital or crisis stabilization unit (CSU) cannot be enrolled until discharge takes place. Team members may begin to visit the person in the hospital and participate in developing the discharge plan, but will not officially assume responsibility to provide treatment services until the person is discharged. A person already enrolled in a FACT program continues to be enrolled even though hospitalization via a CSU, local hospital or state mental health treatment facility occurs. Even though a person going through the engagement process has not formally been enrolled in a team, the team must keep a written record on:

- Activities that took place during the engagement process;
- The person's response to engagement activities; and
- The name of the FACT staff member conducting the engagement activities.

Functional Assessment Rating Scale (FARS) means the rating scale adopted by the Office of Substance Abuse and Mental Health that is to be administered consistent with the most current version of the department's pamphlet 155-2 as it is developed.

Incompetent to proceed means the condition of a defendant being unable to proceed at any material stage of a criminal proceeding due to mental impairment. Those stages shall include a trial of the case and pretrial hearings involving questions of fact on which the defendant might be expected to testify. It shall also include an entry of a plea, proceedings for violations of probation or violations of community control, sentencing, and hearings on issues regarding a defendant's failure to comply with court orders. It also considers conditions or other matters in which the mental competence of the defendant is necessary for a just resolution of the issues being considered.

Initial assessment and recovery plan means the initial evaluation of a person's mental health status and initial practical resource needs (e.g., housing, finances). The initial recovery plan is completed on the day of admission and guides services until the comprehensive assessment and recovery plan are completed.

Mental illness means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person's ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance use.⁵

Not guilty by reason of insanity means a ruling by a court acquitting a defendant of criminal charges because of a mental deficiency or illness sufficient under the law to preclude conviction.

⁵ Chapter 394.455(28), F.S.

Psychiatric/social functioning history time line means the process that helps to organize, chronicle and evaluate **information** about significant events in a person's life, experience with mental illness, and treatment history.

Psychotropic medication means any drug used to treat, manage, or control psychiatric symptoms or disordered behavior, including but not limited to antipsychotic, antidepressant, mood-stabilizing or anti-anxiety agents.

Recovery means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery Plan means the culmination of a continuing process involving the participant, family or other supports upon consent, and the team. The plan reflects individualized service activity and intensity to meet person-specific needs that promote recovery. The plan documents the person's goals and the services necessary to achieve them. The plan must reflect the individual's preferences for services and choices in the selection of living arrangements. The plan delineates the roles and responsibilities of the team members who will carry out the services.

Recovery Plan Review means a written summary describing the person's progress since the last recovery-planning meeting; it outlines interactional strengths and limitations at the time the recovery plan is rewritten.

Rehabilitation means services and supports that promote recovery, full community integration and improved quality of life for persons diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Rehabilitation services are collaborative, person directed and individualized. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.⁶

⁶ [Allness, Deborah J., and William H. Knoedler. *A Manual for ACT Start-up: Based on the PACT Model of Community Treatment for Persons with Severe and Persistent Mental Illnesses*. Arlington, VA: NAMI, 2003. Print.](#)

APPENDIX A - DSM-5 DIAGNOSES AND ICD-10 CODES

Schizophrenia Spectrum and Other Psychotic Disorders
F20.81 Schizophreniform disorder
F25.0 Schizoaffective disorder, Bipolar type
F25.1 Schizoaffective disorder, Depressive type)
F20.9 Schizophrenia
F22 Delusional disorder
F28 Other specified schizophrenia spectrum and other psychotic disorder
F29 Unspecified schizophrenia spectrum and other psychotic disorder
Bipolar and Related Disorders
F31.10 Bipolar I disorder, Current or most recent episode manic, without psychotic features, unspecified)
F31.0 Bipolar I disorder, Current or most recent episode hypomanic
F31.11 Bipolar I disorder, Current or most recent episode manic, mild
F31.12 Bipolar I disorder, Current or most recent episode manic, moderate
F31.13 Bipolar I disorder, Current or most recent episode manic, severe
F31.2 Bipolar I disorder, Current or most recent episode manic, with psychotic features
F31.73 Bipolar I disorder, Current or most recent episode manic, in partial remission
F31.71 Bipolar I disorder, Current or most recent episode hypomanic, in partial remission
F31.74 Bipolar I disorder, Current or most recent episode manic, in full remission
F31.72 Bipolar I disorder, Current or most recent episode hypomanic, in full remission
F31.30 Bipolar I disorder, Current or most recent episode depressed, mild or moderate severity, unspecified
F31.31 Bipolar I disorder, Current or most recent episode depressed, mild
F31.32 Bipolar I disorder, Current or most recent episode depressed, moderate
F31.4 Bipolar I disorder, Current or most recent episode depressed, severe
F31.5 Bipolar I disorder, Current or most recent episode depressed, with psychotic features
F31.75 Bipolar I disorder, Current or most recent episode depressed, in partial remission
F31.76 Bipolar I disorder, Current or most recent episode depressed, in full remission
F31.70 Bipolar I disorder, Currently in remission, most recent episode unspecified
F31.9 Unspecified bipolar and related disorder
F31.81 Bipolar II disorder
F31.89 Other specified bipolar and related disorder
F34.89 Other specified persistent mood disorders
Depressive Disorders
F32.9 Unspecified depressive disorder
F32.0 Major depressive disorder, Single episode, mild
F32.1 Major depressive disorder, Single episode, moderate
F32.2 Major depressive disorder, Single episode, severe
F32.3 Major depressive disorder, Single episode, with psychotic features
F32.4 Major depressive disorder, Single episode, in partial remission
F32.5 Major depressive disorder, Single episode, in full remission
F32.89 Other specified depressive episodes
F33.9 Major depressive disorder, Recurrent episode, unspecified
F33.0 Major depressive disorder, Recurrent episode, mild
F33.1 Major depressive disorder, Recurrent episode, moderate
F33.2 Major depressive disorder, Recurrent episode, severe

F33.3 Major depressive disorder, Recurrent episode, with psychotic features
F33.41 Major depressive disorder, Recurrent episode, in partial remission
F33.42 Major depressive disorder, Recurrent episode, in full remission
Anxiety Disorders
F41.9 Unspecified anxiety disorder
F41.0 Panic disorder
F41.1 Generalized anxiety disorder
F41.8 Other specified anxiety disorder
F40.00 Agoraphobia
F40.01 Agoraphobia with panic disorder
F40.02 Agoraphobia without panic disorder
F40.10 Social anxiety disorder (social phobia)
Specific Phobia ICD-10 code is based on the phobic stimulus:
F40.218 Animal
F40.228 Natural environment
F40.230 Fear of blood
F40.231 Fear of injections and transfusions
F40.232 Fear of other medical care
F40.233 Fear of injury
F40.248 Situational (e.g., airplanes, elevators, enclosed places)
F40.298 Specific phobia, Other
Obsessive-Compulsive and Related Disorders
F42.2 Mixed obsessional thoughts and acts
F42.3 Hoarding disorder
F42.4 Excoriation (skin-picking) disorder
F42.8 Other obsessive-compulsive disorder
F42.9 Obsessive-compulsive disorder unspecified
F60.5 Obsessive-compulsive personality disorder
F45.22 Body dysmorphic disorder
Dissociative Disorders
F44.0 Dissociative amnesia
F44.1 Dissociative amnesia, with dissociative fugue
F44.81 Dissociative identity disorder
F44.89 Other specified dissociative disorder
F44.9 Unspecified dissociative disorder
F48.1 Depersonalization/derealization disorder
Somatic Symptom and Related Disorders
Conversion disorder (functional neurological symptom disorder) - ICD-10 code is based on the symptom type:
F44.4 With abnormal movement
F44.5 With attacks or seizures
F44.6 With anesthesia or sensory loss
F44.7 With mixed symptoms
F68.10 Factitious disorder
F45.21 Illness anxiety disorder
F45.1 Somatic symptom disorder)
F45.9 Unspecified somatic symptom and related disorder
F45.8 Other specified somatic symptom and related disorder

Personality Disorders
F60.0 Paranoid personality disorder
F60.1 Schizoid personality disorder
F21 Schizotypal personality disorder
F60.5 Obsessive-compulsive personality disorder
F60.4 Histrionic personality disorder
F60.7 Dependent personality disorder)
F60.2 Antisocial personality disorder
F60.81 Narcissistic personality disorder
F60.6 Avoidant personality disorder
F60.3 Borderline personality disorder
F60.89 Other specified personality disorder
F60.9 Unspecified personality disorder

APPENDIX B – FACT ENHANCEMENT GUIDELINES

Introduction

One of the goals of FACT is to promote and respect self-determination, recovery, and full community inclusion. Participation provides the individual with the opportunity to select the services and commodities that they deem necessary for recovery for the purpose of consumption, housing needs, employment, volunteering, or training/education, and facilitates achievement of the individual's recovery plan.

An integral part of participation is accepting responsibility for choosing, spending, recording, and learning how best to use limited funds to achieve a desired state of mental wellness and productivity. The program believes that individuals are capable of purchasing needed services and commodities that will help them on their road to recovery. Individual choice drives this system of purchasing.

The program provides access to public funds to purchase adjunct services or commodities not directly provided by the FACT team. Funding is used to increase or maintain a person's independence and integration into their community. Funding may be used for costs related to housing, pharmaceuticals, tangible items needed for employment/education or other meaningful activity, and specialized treatment (not paid by any other means).

Definitions

1. "Assistive Care Services" or "ACS" means a state payment for services provided by qualified residential care facilities. Funds transferred from the Department of Children and Families to Medicaid draw down federal Title XIX matching funds. This Medicaid optional state plan service is for low-income people who live in qualified assisted living facilities (ALFs), adult family-care homes (AFCHs) and residential treatment facilities (RTFs).
2. "Commodities" means supplies, materials, goods, merchandise, equipment, information technology, and other personal property. The definition does not include pharmaceuticals, medical treatment, glasses, hearing aids, or lab work.
3. "Indigent Drug Program" or "IDP" means the provision of psychotropic medications for individuals served by the Department who have a mental illness, reside in the community and who do not have other means of purchasing prescribed psychotropic medications.
4. "OSS" means Optional State Supplementation, a state program to supplement payments to eligible individuals residing in Assisted Living Facilities, Adult Family-Care Homes, family placement, or any other specialized living arrangement.
5. "Payer of Last Resort" means using FACT enhancement funds after exhausting all other potential sources of funds.
6. "Recovery Plan" means an individual's service/treatment plan
7. "Services" means pharmaceuticals, lab work, treatment, housing assistance, or other assistance given to benefit a person.
8. "SSDI" means Social Security Disability Income that is paid to a person and certain members of the person's family if the person is "insured", meaning the person has worked the required number of quarters and paid social security taxes.

9. “SSI” means Supplemental Security Income, a federal income supplement program funded by general tax revenue designed to provide cash to help aged, blind and disabled people who have little or no income to meet basic needs for food, clothing and shelter.

Guidelines on the Use of Funds

1. Ensuring FACT team enhancement funds is the payer of last resort

Participants must take responsibility in locating other sources of funding for services or commodities prior to requesting FACT enhancement funds for the purchase. FACT staff, in collaboration with the participant, must determine if there is another payer source, such as Medicaid, Medicare, OSS, SSI, SSDI, IDP, or ACS. The primary case manager must submit a certification form with the monthly invoice. The certification states that due diligence was exercised in searching for alternative funding to pay for the commodity or service prior to the use of enhancement funds. If the commodity or service is ongoing, certification is only required for the original purchase. Examples of ongoing purchases include utility and phone bills, refills of existing prescriptions, or any other like commodity or service.

2. Price Quotes

Participants are required to provide three price quotes from different vendors for any single commodity costing in excess of \$300. These price quotes may be in the form of vendor circulars or advertisements, vendor website item and price descriptions, in-store price comparisons, and telephone price quotes. Telephone should only be considered if other means of securing a price quote are not possible. Quotes received over the phone and in-store must be verified/witnessed by staff and documented (includes date and time). Documentation of the price quotes must be filed (may be separate file from clinical record) and available for audit when requested.

3. Emergency purchase

An emergency is considered an unexpected event that causes immediate danger to the health, safety, or welfare of the individual. In such cases, there might not be time to secure three price quotes (e.g., towing vehicle from roadway). An emergency purchase without three quotes must be justified and documented to be considered for payment or reimbursement. Emergency purchases must be documented in the clinical record, and if deemed an ongoing need, must be added to the recovery plan.

4. Recovery plan

The member’s recovery plan must incorporate the purchase of any commodity or service. The member’s recovery plan must explain how the purchase will promote one or more of the member’s recovery goals.

5. Dental services, hearing aids, and eyeglass purchases

Medically necessary (recommended by medical practitioner) professional hearing, dental, and vision services will be paid by the program after all other resources have been exhausted. Decorative or cosmetic purchases, such as color contacts, may not be paid for with FACT enhancement funds.

6. Payment / Reimbursement rate

Commodities and services purchased are paid or reimbursed at a negotiated rate between the participant and FACT case manager and are dependent on the participant’s ability to pay.

7. Making the purchase

The accepted purchase price (quotes and receipt) must be dated subsequent to the incorporation of the purchase into the recovery plan. For approved purchases, the participant can either:

- a) Make the purchase using his or her own funds and later, be reimbursed, or
- b) Provide an original, itemized estimate of the needed purchase that shows the name of the vendor, the anticipated purchase date, the item, and the amount of the purchase (along with documentation of price quotes).

The amount paid or reimbursed will include the actual price of the item and may include tax, if applicable. Tips are not reimbursed. It is the participant's responsibility for ensuring the quality of the item purchased. If a purchased item is defective, inoperable, or unusable, it is the participant's responsibility to resolve the matter with the vendor.

Criteria for purchase approval (Must be able to answer "yes" to all questions)

1. Does the purchase directly relate to identified needs outlined in the participant's recovery plan?
2. Does the purchase promote independence?
3. Will the purchase enhance employability or recovery for the individual?
4. Have all other options been explored and exhausted prior to requesting the purchase with FACT enhancement funds?
5. Is the amount of the proposed expenditure reasonable?
6. Is the budget to fulfill the request available?
7. Is the date on the receipt for the purchase subsequent to the effective date of the current recovery plan?
8. Is the receipt original?
9. Does the receipt contain vendor information printed on the receipt (name of vendor, address, phone number, etc.)?

Examples of purchases that may be authorized if all criteria above are met

1. Co-pays for adjunct services purchased with Medicaid or Medicare funds.
2. Housing subsidy. Enhancement funds may be used for payments to Assisted Living Facilities (above OSS rate), but all available options that could best meet the individual's needs should be considered (such as Therapeutic Family Care homes, permanent supportive housing, rental subsidies for current lease).
3. Medication.
4. Transportation or mileage reimbursement.
5. Services related to developing employability.
6. Smoking cessation activities under the supervision of a medical doctor.

7. Non-cosmetic dental work.
8. Hearing aids.
9. Non-cosmetic eye glasses and non-disposable contacts once per year, unless otherwise noted by a licensed eye care professional.
10. Haircuts from a professional at a current reasonable rate.
11. Facial cosmetic and make-up products for the purposes of camouflaging medical conditions, such as facial scars, burns, etc., and for the purposes of seeking or participating in employment.
12. Tutoring.
13. Face-to-face and distance learning educational classes.
14. Time-limited assistance to secure or maintain a more independent living arrangement.
15. Time-limited assistance with vehicle repair for purposes of employment, education and/or transportation or other recovery goal with the intent to increase independence for the person served. Alternative transportation (bus, bike, cab use) should be considered in lieu of vehicle repair if the cost to repair is in excess of \$1,000.00 or the budget does not permit the expenditures.
16. Specialized treatment not provided by FACT team and not paid for by any other means (e.g. eating disorders, behavioral analyst, health club/gym). Approval must be obtained from Managing Entity for expenditures exceeding \$1,500.00.
17. Purchase of lawn maintenance service, when explicitly justified by the individual's recovery plan.
18. Socialization activities aimed at improving social or behavioral skills (i.e., activities for depressed or agoraphobic individuals). Such activities should provide a means for improving communication skills, interpersonal skills, reducing public anxiety, and/or practicing adaptive behaviors in a public setting. Any social events, services, or activities paid for by enhancement funds should be based on the individuals' assessed needs and reflected in their recovery plan.
19. Support tools promoting the safety and security of the individual, including fire alarms, disability aids such as chair, shower or stair rails when explicitly justified by the individual's recovery plan and no other resource is available.

Examples of disallowed purchases:

1. Rent reimbursement for an expired rental lease.
2. Payments to facilities or recovery residences that are not licensed or certified in good standing according to state law.
3. Motel room(s) beyond 21 days. (Motel rooms for more than 21 days may be authorized if the team makes an ongoing and consistent effort to find more permanent housing, and this is fully documented in the recovery plan).

4. Purchase of automobiles, sport utility vehicles (SUVs), minivans, motorcycles, recreational scooters or recreational vehicles.
5. Long distance telephone service.
6. Major repairs or renovations of rental property.
7. Pay-per-View or enhanced programming cable or satellite service.
8. Television larger than 21-inch screen, Video Cassette Recorders (VCRs), Digital Video Disc (DVD) or Blue Ray players, video game consoles, stereos, MP3 Players, iPods, iPads or other types of entertainment appliances.
9. Designer sunglasses.
10. Beauty aids such as spa services, including but not limited to, facials, makeup applications, aromatherapy massage, body waxing, manicure, pedicure, therapeutic body wraps, micro dermabrasion, tanning booth sessions, wigs and hair pieces, or cosmetics (aside from the purposes described above).
11. Ongoing or continuous purchase of over-the-counter medications in excess of 7 days per episode for allergies and flu-like symptoms.
12. Acupuncture without a prescription/order/referral from the program Psychiatrist.
13. Petty cash for general use.
14. Purchase or rental of firearms.
15. Purchase of alcoholic beverages.
16. Purchase of contraband or illegal products or services.
17. Purchase of tobacco products.
18. Purchase of pets.
19. Purchase or rental of boats.
20. Purchase or lease of burglar alarms.
21. Purchase or lease of cell phones.
22. Purchase or lease of diving equipment.
23. Internet service.
24. Purchase for 3rd parties.
25. Purchase of pornographic books, magazines, or videos.
26. Payment of credit card balances.
27. Payment of court-ordered costs, fines, restitution, or other similar debts.

Participant Certification and Assurances

FACT team participants are not guaranteed access to enhancement funds. Purchase approval is dependent on the following guidelines:

- All other options have been explored and exhausted prior to requesting the purchase with FACT enhancement funds.
 - The purchase directly relates to identified needs outlined in the participant's recovery plan.
 - The purchase promotes independence.
 - The purchase enhances employability or recovery for the individual.
 - The amount of the proposed expenditure is reasonable.
 - The budget to fulfill the request is available
 - The date on the receipt for the purchase must be after the effective date of the current recovery plan.
 - Individual must provide an original receipt.
 - The receipt must contain vendor information printed on the receipt (name of vendor, address, phone number, etc.).
1. By signing below, I agree to adhere to these guidelines and understand that I am responsible for the outcome of all purchases that I make under this program.
 2. I agree not to hold the FACT program responsible if I make purchases that are beyond the scope of purchases incorporated into my recovery plan amount, and understand that the program is not responsible for the choices I make regarding my personal finances.

The FACT participant receives a signed copy of these guidelines. The original signed document remains part of the participant's clinical record.

I, _____, have received, reviewed, and agree to the Florida FACT Enhancement Funds guidelines.

Certification Statement as Payer of Last Resort

(Required only on initial purchases of commodities and services)

Name of FACT Participant: _____

Date of Purchase: _____

Name of Vendor: _____

Cost of Item/Service: _____

Item(s)/Services Purchased: _____

Relationship to Recovery Plan (Complete the following table):

Recovery Plan Goal	Relationship to Purchase
What goal on the recovery plan does this purchase relate?	
How will this purchase assist in meeting the goal?	
How many more times is this service estimated to be needed?	

I, _____ primary case manager and/or member of the above-named individual's Treatment Team, certify that this purchase is made to support the person's recovery plan. I further certify that all other resources have been explored and exhausted prior to purchasing this service/commodity with payer of last resort enhancement funds.

Signature

Date

APPENDIX C – FACT ADVISORY COMMITTEES

A FACT Advisory Committee (Committee) is a group of volunteer stakeholders that come together to ensure the FACT team's work is consistent with the portions of the NAMI-published National Program Standards for ACT Teams⁷ that have been adopted by the Department. The Committee's primary functions are to promote quality FACT programs and assist in the oversight of the program through monitoring, problem solving, and mediating grievances. Committees are independent of the provider operating the team and therefore have no role in the governance of the team. Committees may, at their discretion, develop additional procedures beyond those identified below.

Purpose:

The purpose of the Advisory Committee is to guide and support local team activities by monitoring on-going operations; promoting the team's work in the community; and ensuring the team provides each participant quality and recovery- oriented services.

Membership:

The contracting managing entity (ME) approves individual membership to the Committee. Committees have a minimum of 10 members that consist of at least 26 percent people with psychiatric disabilities and 25 percent family members. Other members may represent stakeholders such as local homeless coalitions, local law enforcement agencies, jail personnel, county commissioners, other providers, hospital representatives, Medicaid, faith-based entities and advocacy groups. Membership that is representative of the local cultural and linguistic populations is strongly encouraged. The Committee must be committed to promoting recovery and empowerment.

The provider operating the FACT team is responsible for recruiting Committee members. Names of nominated individuals are submitted to the contracting ME for approval of membership. Membership may be rescinded if, in the view of the contracting ME an adversarial relationship has developed between the provider, Committee and the contracting managing and a good faith effort on the part of the ME to resolve the adversarial environment has failed.

Membership Qualifications:

Committee members should be knowledgeable about psychiatric disabilities and the challenges that people with these disabilities face living in the community. Members should be good problem solvers with a positive attitude and be objective and seek to understand the views of all stakeholders. People in recovery and their families are strong candidates for membership.

Membership Requirements:

Committee members become familiar with the Program Standards for ACT Teams and the FACT Handbook. Committees meet quarterly or more frequently if desired and members agree to serve at least a 2-year term, staggering termination to maintain a core of experienced members on the Committee. Although Committee Bylaws are not required, it is suggested the Committee elect a Chairperson. If a Chairperson is elected, the Committee must establish a protocol for such election including term of office, method of election, including use of proxy votes and specific duties of the Chairperson. Minutes of Committee meetings are recorded and submitted to the provider's Chief Executive Officer, the FACT Team Leader, and Managing Entity staff.

⁷ The National Program Standards for Act Teams may be accessed at: http://www.nami.org/Template.cfm?Section=ACT-TA_Center&template=/ContentManagement/ContentDisplay.cfm&ContentID=50248

Approving and Rescinding Membership:

The contracting ME may use the following criteria in approving and rescinding membership on Committees. These guidelines are subject to change based upon the accumulation of practices, data and issues that may evolve over the course of time and experience.

Approving Membership

- Expressed willingness to volunteer time;
- Expressed interest in Florida's adult community mental health service delivery system;
- Expressed willingness to learn the ACT model of service intervention;
- Expressed willingness to participate in public forums;
- Meets at least one of the membership groups identified as representative of community stakeholders; and
- Has been approved by the contracting ME.

Rescinding Membership

- Repeated unexcused absence from Committee meetings (as determined by the Chair); or
- Creating an adversarial environment that is prolonged for three months or more and such environment diminishes the supportive, collaborative relationship that must exist between the contracting ME, the provider and the Committee.

FACT Advisory Committee Member Roles:

1. Advocating on behalf of individuals with psychiatric disabilities.
2. Becoming knowledgeable of the ACT model and the NAMI Manual for ACT Start-Up⁸;
3. Identifying community resources for the team such as affordable housing, employment opportunities, and social outlets/supports.
4. Promoting awareness of the team in the community through community dialogues when requested.
5. Providing support, guidance and assistance to the team.
6. Monitoring ACT fidelity by administering the "FACT Model Fidelity Review" on an annual basis.⁹
7. Participating in planned technical assistance site visits conducted by the Managing Entity to teams.
8. Mediating complaints or grievances between meetings. It is the responsibility of the Chair to convene a mediating panel made up of three Committee members.

⁸ Allness, Deborah J., and William H. Knoedler. *A Manual for ACT Start-up: Based on the PACT Model of Community Treatment for Persons with Severe and Persistent Mental Illnesses*. Arlington, VA: NAMI, 2003. Print.

⁹ The FACT Model Fidelity Review is a modified form of the PACT Model Fidelity Review published by the National PACT Center and contains recommended standards. The protocol is attached to this Appendix C, revised May 2014.

9. Spending at least one day observing a daily organizational meeting, recovery planning meeting or accompanying a team member on a field visit (with consent).¹⁰
10. Reviewing and commenting on the team's enhancement expenditures and quarterly ad hoc data reports.
11. Developing a schedule of activities for the year.
12. Serving as a resource to the team to problem-solve local issues that may be barriers to successful outcomes.
13. Participating in the development of a protocol for communications between the team, its administration and the ME to be approved by the ME prior to implementation.¹¹

Providers' Role Relating to FACT Advisory Committees:

1. Attending Committee meetings by the Team Leaders and the provider's Chief Executive Office/Executive Director or designee.
2. Providing enhancement expenditures and quarterly ad hoc data reports.
3. Presenting any grievances/complaints and their outcome.
4. Forwarding of grievances/complaints not resolved at the team level within two weeks from date of filing to the team's Committee Chair who will convene a grievance mediating panel.
5. Participating in the development of a communication protocol between the team, its administration, the Committee and the ME for approval from the ME prior to implementation.
6. Providing the Committee with the necessary administrative support to ensure that documents are provided and minutes of meetings are distributed.

Managing Entity's Role Relating to FACT Advisory Committees:

1. Inviting the Chair of the Committee to participate in on-site technical assistance and programmatic monitoring completed by the ME.
2. Attending Committee meetings.
3. Participating in the development of a communication protocol between the team, its administration, the Committee and the ME. Upon completion, prepare an approval memo to the team, its administration and the Committee that the protocol is approved for implementation.
4. Serving as a liaison and resource person to the Committee for system issues that impact the team's successful outcomes.

Confidentiality

By law, Committee members do not have access to the medical record of participants without the specific, written agreement of the individual. Committee members who may also serve on other councils or entities that, in the course of their duties, have statutory authority to access and review medical records are prohibited from sharing the findings of such reviews

¹⁰ Due to the size of Advisory Committees, no more than 2 members should schedule attendance at any one meeting at any given time and with prior agreement by the Team Leader.

¹¹ A suggested format is attached but may be modified at the discretion of the entities developing the protocol.

with other Committee members without the specific, written agreement of the individual. The specific agreement must be time-limited and can be changed by the individual at any time.

FACT Advisory Committee Agenda Template

Committee meetings address the following items:

- Call to Order and roll call;
- Report of Committee Activities;
- Report on Enhancement Expenditures;
- Report on the FACT Quarterly Data; and
- Report on Grievances Mediated and Outcomes.

Other Business

Next Meeting Date

Adjournment

Suggested Format for Communications Protocol

I.

Purpose

e

The purpose of this protocol is to ensure that a mechanism of communication is in place that enables the Committee, the provider, the contracting ME and the team to conduct its business while promoting the goals of the FACT initiative. This protocol is not intended to restrict any form of communication between individuals or entities but is intended to establish an agreement between the entities referenced above as to a preferred schedule of time for such communications.

II. Hours of Communication

It is agreed by all parties that business relating to the mission and intent of the Committee can best be served by calling between the hours of _____ and _____ Monday through Friday. Weekends and holidays will not be used for conducting routine business.

III. Communication Contacts

It is agreed by all parties that the following persons and phone numbers will be designated the primary and secondary contacts:

Primary
Contacts:

For the Committee _____ Phone _____

For the FACT Team _____ Phone _____

For the Managing Entity _____ Phone _____

Secondary Contacts:

For the Committee _____ Phone _____

For the FACT Team _____ Phone _____

For the Managing Entity _____ Phone _____

IV. Mitigating Factors

It is agreed by all parties that certain situations may arise that require the parties to prepare, locate, copy and fax or e-mail information. When a request is made for written information, it is agreed that an appropriate response time to complete the request is _____ days from the date of the request.

V. Agreements

The parties, by their signature, will make a good faith effort to communicate with each other within the agreed upon parameters established above.

_____	_____
For the Committee	Date
_____	_____
For the Team	Date
_____	_____
For the Provider	Date
_____	_____
For the Managing Entity	Date

Instructions for Completing the FACT Model Fidelity Review

This is a quality improvement exercise and not intended to serve as a contractual compliance activity. Committee members conducting this survey are prohibited from reviewing individual clinical records. Feedback to the Team Leader at the end of the review will be helpful for continuous quality improvement. This activity will require 7 exercises:

1. Reviewing the staffing chart;
2. Reviewing position descriptions;
3. Reviewing policies and procedures;
4. Touring the entire team office space;
5. Interviewing the Team Leader;
6. Observing a daily organizational meeting; and
7. Reviewing the posted 2-month schedule of treatment team meetings.

Using the attached FACT Model Fidelity Review instrument, please complete the following:

1. Check either “Y” for yes or “N” for no at the time of the review;
2. Please note any discrepancies from the standards on a separate page; and

3. Using the results of the survey, prepare a summary of findings to share with the Team Leader.

FACT MODEL FIDELITY REVIEW

Standard	Element	Y	N
A. Staff Composition	Look at staffing chart for documentation		
	The ratio of participants to direct service staff members should not exceed 10:1		
	Psychiatrist or Psychiatric ARNP @ a minimum of .32 hours of services for each 100 participants per week		
	1 Administrative Assistant		
	1 FTE Team Leader (licensed professional)		
	1 Nurse for every 35 participants – at least one must be a FTE RN		
	1 FTE Case Manager		
	1 FTE Substance Abuse Specialist		
	1 FTE Peer Specialist		
	1 FTE Vocational Specialist		
B. Key Staff Roles	Look at position descriptions for documentation		
1. Team Leader	Leads daily organizational team meeting		
	Available to team for clinical supervision		
	Provides 1:1 supervision to staff		
	Functions as a practicing clinician		
	Assigns team members including a primary case manager to each new participant		
2. Psychiatrist or ARNP	Conducts psychiatric & health assessments		
	Supervises psychiatric/psychopharmacological treatment of all enrolled participants		
	Monitors non-psychiatric medical conditions & medications		
	Supervises medication management system with nurses		
	Provides brief therapy and diagnostic/medication education to enrolled participants		
	Provides crisis intervention on-site		
	Provides family interventions and psycho-education		
	Attends daily organizational & recovery planning meetings		
	Provides clinical supervision to staff including RN and LPNs		
	If participant is hospitalized, actively collaborates with inpatient care providers to ensure continuity of care		
	If ARNP, must have continual access to and weekly consultation with a board-certified Psychiatrist		
3. Nurses	RN, LPN and MD manage medication system		
	Administer and document medication treatment		

Standard	Element	Y	N
	Screen and monitor for medical problems and side effects		
	Coordinate services with other health providers		
	Provide education on health promotion & prevention, education side effects, and strategies for medication compliance		
4. Vocational Specialist Specialist	Serves as mentor to staff for employment assessment and planning		
	Maintains liaison with DVR and training agencies		
	Provides full range of work services (job development, assessment, job support, career counseling)		
5. Peer Specialist	Position is integrated within the team		
	Shares roles with other team members		
	Provides individual and group support services		
6. Substance Abuse Specialist	Serves as mentor to staff for assessing, planning and treating substance use		
	Provides supportive treatment individually & in groups (i.e., CBT, motivational interviewing, relapse prevention)		
	Completes substance use assessments that consider the relationship between substance use and mental health		
C. Program Size & Intensity	Look at policies for documentation		
	Participants are contacted face-to-face an average of 3 times per week, based on the participant's individual needs		
	Clinically compromised participants are contacted multiple times daily		
D. Admission & Discharge Criteria	Look at policies for documentation		
	Admission criteria specify target population		
	Discharge criteria include demonstrated ability to perform successfully in major role areas over time		
	Discharges mutually determined by participant and team		
	Team assumes long-term treatment orientation		
E. Office Space	Tour office space for documentation		
	Easily accessible to participants and families		
	Common workspace, layout promotes communication		
	In office medication storage area		

Standard	Element	Y	N
F. Inter-Agency Relationships	Interview Team Leader and ask for evidence of collaboration for documentation		
	Active collaboration with other human services providers		
	Active participant-specific liaison with SSA, health care providers, other agency assigned workers		

Standard	Element	Y	N
G. Hours of Operation	Look at policies for documentation		
	Staff on duty 7 days per week		
	Program operates 12 hours on weekdays		
	Program operates at least 8 hours on weekend days and holidays		
	Team members are on-call all other hours for 24 hour coverage		
	Team members available by phone and face-to-face with back-up by Team Leader and Psychiatrist or ARNP		
H. Team Communication & Planning	Look at policies, observe daily organizational meeting and ask to see 2-month posting of treatment team meetings for documentation		
	Organizational team meeting held daily M-F		
	Meeting completed within 45-60 minutes		
	Member status reviewed via daily log and staff report		
	Team leader facilitates discussion & recovery planning		
	Services & contacts scheduled per recovery plans and triage		
	Staff assignments determined		
	Daily staff assignments prepared schedule		
	Service provision monitored and coordinated		
	All staff contacts with participants are logged		
	Recovery planning meetings held weekly		
	Recovery planning meetings held by senior staff		
	Recovery planning meetings schedule posted 2 months ahead		

I. Policy and Procedure Manual	Look at policies for documentation		
	Admission and discharge criteria and procedures		
	Job descriptions, performance appraisals, training plan		
	Program organization & operation (program hours, on-call, service intensity, staff communication, team approach &		
	Assessment and recovery planning		
	Medical records management		
	Service Scope		
	a. Case management		
	b. Crisis assessment & intervention		
	c. Symptom assessment, management & supportive therapy		
	d. Medication prescription, administration, monitoring & documentation		
	e. Substance abuse services		
	f. Work related services		
	g. Activities of daily living		
	h. Social, interpersonal relationships & leisure		
	i. Support services		
	j. Education & support to families & other		
	Enrolled participant rights		
	Program performance improvement and evaluation		
	80% of participants live in independent community		
	Legal advocacy provided as needed		

NOTES: