

REQUEST FOR INFORMATION (RFI)

Mobile Crisis Teams (MCT) / Mobile Response Teams (MRT)

Release Date: **September 5, 2018**

RFI #: **181902MCT**

1. Introduction

This is a Request for Information (RFI) as defined in Section 287.012(22), Florida Statutes. This RFI is issued by Central Florida Behavioral Health Network, Inc. (CFBHN), to solicit information regarding vendors that have the skills, knowledge and capability that is necessary to meet the requirements of the services described herein.

2. Schedule of Events

Listed below are the important actions, dates, and times by which the actions must be taken or completed.

Activity	Date	Time	Address
Request for Information (RFI) Released	09/05/2018	3:00 PM	Posted on the CFBHN website www.cfbhn.org in the Competitive Procurement Advertisements web page
RFI Responses Due	09/10/2018	5:00 PM	Emailed to: Andrea Butler Fernandez, Senior Contract Manager ABFernandez@cfbhn.org The subject line of the email should be: "RFI #181902MCT Response"

3. Statement of Need

CFBHN needs detailed information related to existing Mobile Crisis Teams (MCTs) or Mobile Response Teams (MRTs) in the State of Florida.

4. Responding to the RFI

Vendors should complete the attached form and submit via e-mail by the date and time outlined in section 2.

This RFI is not a competitive solicitation and will not be used to create a contractual relationship for the provision of services. Vendors are not required to respond to this RFI, however, participation is encouraged. Failure to respond will not prohibit a vendor's participation in any competitive solicitation that may result from this RFI.

5. Contact Information

This RFI is issued by CFBHN. The single point of contact for communication regarding this RFI is:

Andrea Butler Fernandez, Senior Contract Manager

Central Florida Behavioral Health Network, Inc.

ABFernandez@cfbhn.org



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Vendor questions will only be accepted if submitted as written inquiries, via e-mail to the contact listed above. Faxes, telephone, and US Mail inquiries are not acceptable. Questions will be accepted up through the response due date.



Please complete the following form.

Mobile Crisis Team (MCT)/Mobile Response Team (MRT) Information					
RFI #181902MCT					
AGENCY NAME:					
Please answer each question based on the individual county or counties where services are provided.					
	County 1:	County 2:	County 3:	County 4:	County 5:
1. If you have a MCT/MRT what counties do you provide services in?					
2. How many calls do you receive for each county?					
3. How long has your team been providing services for each county?					
4. Does your agency receive funding from other sources? a. If so, who are your funders? b. How much funding do you receive? c. What specific services do you provide with that funding?					
5. What is your current staffing pattern for the MCT/MRT? a. Please include staff credentials. b. How many FTEs by position?					

<p>6. What are the salaries of each position?</p>					
<p>7. What is the total cost of your MCT/MRT?</p> <p>a. Please include totals by each expenditure category (building occupancy, travel, etc.)</p>					
<p>8. In order to provide 24/7 crisis services in your county (ies), what additional resources do you need (co-location, additional staff, etc.)? Please provide specific details when responding.</p>					
<p>9. What are your current hours of operation?</p>					
<p>10. How are calls triaged?</p> <p>a. Routine* defined below</p> <p>b. Urgent* defined below</p> <p>c. Emergent* defined below</p>					
<p>11. What is your typical response time for each of these cases?</p> <p>a. Routine* defined below</p> <p>b. Urgent* defined below</p> <p>c. Emergent* defined below</p>					
<p>12. What is your typical response time for each of these cases?</p> <p>a. For phone call?</p> <p>b. For psychiatric evaluation?</p> <p>c. For in-home/on-site visit?</p>					

<p>i. What is the furthest distance that your team currently has to travel?</p> <p>ii. What is the longest time that your team currently has to travel?</p>					
<p>13. How are you currently using telehealth?</p>					
<p>14. Who are the other partners you incorporate in your MCT/MRT model (i.e. EMT, 211, schools, NAMI, law enforcement, etc.)?</p>					
<p>15. What age range does your MCT/MRT serve?</p> <p>a. Please provide data as to number served by age groups as an attachment.</p>					
<p>a) Emergent need: within six (6) hours of first contact</p> <p>i. An individual who is in imminent danger of harm to self or others, or who requires immediate access to services, must be directed to the most appropriate care, which may include: an emergency room, crisis stabilization unit, or detoxification services for evaluation and treatment, if indicated. Care is to be rendered within six (6) hours of first contact.</p> <p>b) Urgent need: within forty-eight (48) hours of first contact</p> <p>i. An individual whose clinical situation is serious and is expected to deteriorate quickly if care is not provided; however, the situation does not require immediate attention and assessment, the individual is not a danger to self or others, and is able to cooperate in treatment. These individuals are to be seen within forty-eight (48) hours of first contact.</p> <p>c) Routine need: within ten (10) calendar days of first contact</p> <p>i. First Contact to Assessment</p> <p>Service requests for symptoms that do not meet the criteria for emergent or urgent, and do not substantially restrict an individual's activity, but could lead to significant impairment if left untreated, are to receive assessment services within three (3) calendar days (72 hours). This is mandatory for child welfare involved individuals.</p>					

ii. First Contact to First Treatment Appointment

Service requests for symptoms that do not restrict normal activity but could develop significant impairment if left untreated are to receive services within seven (7) calendar days. This is mandatory for child welfare involved individuals and persons discharged from acute care and residential level I and II.