ATTACHMENT [#]

This Attachment contains the terms and conditions governing the Mobile Response Team (MRT) which [Provider Name, Inc.], hereinafter referred to as "Network Service Provider," will administer in [County/ies]. The terms of this Attachment shall be effective July 1, 2020 and shall continue through expiration of the Standard Contract to which this document is attached.

Section 1. Definitions

1.1. Mobile Response Team (MRT): A multi-disciplinary team of behavioral health professionals and paraprofessionals with specialized crisis intervention and operations training. MRTs provide readily available crisis care in a community-based setting and increase opportunities to stabilize individuals in the least restrictive setting to avoid the need for jail or hospital/emergency department utilization.

1.2. Core Principles

1.2.1 **Strength-based** – move the focus from the deficits of the individual and family to focusing on their strengths and resources related to the goal of recovery. This includes viewing the individual and family as resourceful and resilient.

1.2.2 **Family-driven and youth-guided** – recognize that families have the primary decision-making role in the care of their children. The individual's and family's preferences should guide care.

1.2.3 **Community based with an optimal service array** – provide services in the least restrictive setting possible, ideally in the community. Individuals should be able to obtain any behavioral health service they need in their home community. Peer support is an important component of services.

1.2.4 **Trauma sensitive** – respond to the impact of trauma, emphasizing physical, psychological, and emotional safety for both service providers and individuals; and create opportunities for individuals to rebuild a sense of control and empowerment.

1.2.5 **Culturally and linguistically competent** – be respectful of, and responsive to, the health, beliefs, practices, and cultural and linguistic needs of diverse individuals. "Culture" is a term that goes beyond race and ethnicity to include characteristics such as age, gender, sexual orientation, disability, religion, income level, education, geographical location. Cultural competence applies to organizations as well as individuals. Cultural Competence is a set of behaviors, attitudes, and policies that come together in a system to work effectively in multicultural situations. Linguistic competence is the ability to communicate effectively in a way that can be easily understood by diverse audiences.

1.2.6 **Coordinated** – provide care coordination for individuals with serious behavioral health conditions with an emphasis on individualized services across providers and systems. At the system level, leverage resources by analyzing funding gaps, assessing the use of existing resources from all funding streams, and identifying strategies to close the funding gaps, including the options of blending and braiding of funding sources.

1.2.7 **Outcome-focused** – ensure that programmatic outcome data is accessible to mangers, stakeholders, and decision makers, and that the data is meaningful and useful to those individuals. Collect feedback from each individual and family regarding the service delivery to improve outcomes of care that inform, individualize, and improve provider service delivery.

Section 2. Financial Consideration

2.1. Award Amount

2.1.1 [Provider Name] has been awarded an amount for costs associated with administration of the Mobile Response Team (MRT) at its agency, not to exceed the specified program funding as set forth in the Exhibit H - Funding Detail, for both current fiscal year and carry forward funds from previous fiscal years, if applicable. This award is subject to availability of funds from the Department of Children and Families.

2.2. Budget

2.2.1 The Network Service Provider shall submit a detailed, line-item budget to LSF Health Systems identifying for each line the allowable items for the program, the projected or budgeted amount for each line item and narrative supporting the reasonableness and necessity of any unusual items.

2.2.2 All budgets and revisions thereto are subject to approval by LSF Health Systems.

2.2.3 The Network Service Provider may revise a budget by submitting same to the assigned Network Manager via electronic mail for approval.

2.2.4 Approved budgets shall be maintained in the official contract file.

2.2.5 Modifications to the approved budget may not be effective retroactively.

2.3. Payment

2.3.1 This award shall be paid using a fixed rate methodology, subject to the availability of funds. The Network Service Provider shall comply with the terms of such methodology, including documentation and data reporting, as outlined in the body of the contract to which this document is attached.

2.3.2 The total monthly payment amount shall not exceed one-twelfth of the contract. The payment amount shall be included as a line item in the Network Service Provider's Exhibit I Invoice under the regular contract with the following documentation provided as support.

2.3.2.1 The Network Service Provider shall submit a quarterly Expenditure Reconciliation Report using the form designated by LSF Health Systems which will outline expenses incurred by the MRT Team program. This report shall be submitted on or before the 10th of the month following the end of each quarter. The Managing Entity reserves the right to request monthly Expenditure Reconciliation reports after the third quarter depending on the Network Service Providers rate of spending.

2.3.2.2 All funds paid under the fixed rate methodology must be accounted for through this reconciliation process and any funding not accounted for is subject to repayment to LSF Health Systems.

2.3.2.3 LSF Health Systems reserves the right to request substantiating documentation to support the line items submitted by the Network Service Provider in the Expenditure Reconciliation Report.

2.3.2.4 LSF Health Systems will audit substantiating documentation outlined on the Expenditure Reconciliation Report as part of its monitoring and oversight process.

2.3.3 A service unit is a bundle of one month of available MRT services as defined in this Attachment, provided to eligible individuals.

2.3.4 Reimbursement shall be made for actual, allowable expenditures within the limits of the latest version of the approved budget at the time that the invoice is processed.

2.3.5 The Department of Children and Families CFOP 75-02 and Uniform Guidance govern fixed rate under this program. The provisions therein are incorporated herein by reference.

2.3.6 Mileage for travel will be reimbursed at a rate not to exceed $0.445 per mile, the current rate established by the State of Florida.

2.3.7 Network Service Provider shall return to LSF Health Systems any unused MRT Team funds and unmatched grant funds, as documented in the final Expenditure Reconciliation Report, no later than 60 days following the ending date of the subcontract.

Section 3. Program Administration

3.1. Program Objectives/Service Tasks

3.1.1 The Network Service Provider shall provide on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools and emergency departments.

3.1.2 The Network Service Provider shall be available 24/7 by a team of professionals and paraprofessionals, who are trained in crisis intervention skills to ensure timely access to supports and services.

3.1.3 The Network Service Provider shall respond within 60 minutes to new requests. MRT staff are expected to triage calls in order to determine the level of severity and prioritize calls that meet the clinical threshold required for an in-person response.

3.1.4 The Network Service Provider shall provide continued crisis stabilization and care coordination services as indicated for up to 72 hours. In addition to helping resolve the crisis, teams work with the individual and their families to identify and develop strategies for effectively dealing with potential future crises.

3.1.5 MRTs shall include access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner. These professionals shall provide:

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

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

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

3.1.7 MRT Network Service Providers shall be responsible for working with stakeholders to develop a community plan for immediate response and de-escalation, but also crisis and safety planning.

3.1.7.1 Stakeholder collaboration must include law enforcement and school superintendents, but may also include other areas within education, emergency responders, businesses, other health and human service related providers, family advocacy groups, peer organizations, and emergency dispatchers (i.e., 211 and 911 lines).

a. Memorandum of Understanding (MOU) with each county stakeholder must be executed no later than January 1, 2019.

3.1.8 The Network Service Provider shall provide the following services:

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

3.1.9 The Network Service Provider shall participate in coordinated system of care activities sponsored by the Managing Entity to support systemic referral coordination, needs assessment, planning, development, data collection, resource sharing and related activities of the Managing Entity.

3.1.10 The Network Service Provider may provide Incidental Expense services, as defined in F.A.C. 65E-14.021(4)(k)4.b.(V)., to or on behalf of specific individuals receiving services under this contract, to the extent the primary need for such services demonstrably supports the individual’s recovery or resiliency goals as documented in the individual’s plan of care.

3.2. Program Goals

3.2.1 The primary goals of the MRT are to lessen trauma, divert from emergency departments or juvenile/criminal justice, and prevent unnecessary psychiatric hospitalizations.

3.2.2 MRTs must be accessible in the community at any time and are available to individuals 25 years of age and under, regardless of their ability to pay, and must be ready to respond to any mental health emergency.

3.2.3 Mobile Response Teams Roles and Responsibilities:

3.2.3.1 Respond to new requests within 60 minutes

3.2.3.2 Provide behavioral health crisis-oriented services that are responsive to the individual and family needs

3.2.3.3 Respond to the crisis where the crisis is occurring (e.g., schools, homes, community locations, etc.)

3.2.3.4 Provide screening, standardized assessments, early identification and linkage to community services

3.2.3.5 Whenever possible include family members

3.2.3.6 Develop a Care Plan

3.2.3.7 Provide care coordination by facilitating the transition to ongoing services through a warm hand-off, including psychiatric evaluation and medication management

3.2.3.8 Ensure process for informed consent and HIPPA compliance measures

3.2.3.9 Promote information sharing and use of innovative technology – Mobile applications, tele-psychiatry

3.2.4 Provider Roles and Responsibilities:

3.2.4.1 Create, and update as needed, an implementation plan for delivering Mobile Response Team services

3.2.4.2 Engage in community networking and support to build relationships with schools, law enforcement, community resource organizations, behavioral health organizations, and local agencies

3.2.4.3 Identify and create Memoranda of Understanding

3.2.4.4 Increase community awareness about Mobile Response Teams and behavioral health needs through community education and outreach

3.2.4.5 Provide training for workforce development that focuses on areas such as crisis assessment, strengths-based crisis planning, intervention, care coordination

3.2.4.6 Ensure cross-training in Crisis Intervention Training (CIT) and Mental Health First Aid, help build behavioral health literacy and awareness of resources, develop and distribute educational materials

3.2.4.7 Ensure process for informed consent and HIPPA compliance measures

3.2.4.8 Promote information sharing and use of innovative technology – mobile applications, tele-psychiatry

3.2.4.9 Manage all administrative functions, including: purchasing, human resources, training, and quality assurance and reporting requirements

3.2.5 The Network Service Provider must adhere to the service delivery and reporting requirements described in the Department's Guidance document. The guidance

document will be located on the Department's website: https://www.myflfamilies.com/service-programs/samh/managing-entities/ for the appropriate fiscal year.

3.3. Target Population

3.3.1 The Network Service Provider shall provide the services described herein to eligible individuals, per the provisions of the following section – Client Eligibility, and their families, including caregivers and guardians.

3.4. Client Eligibility

3.4.1 The Network Service Provider shall provide services to individuals aged 0 to 25 who are:

3.4.1.1 In a crisis

a. The clinical threshold for crisis may include aggressive behaviors; suicide attempts/ideation; drug and alcohol overdose or abuse; or disruptive symptoms related to thought, mood and anxiety disorders (e.g., panic, hopelessness, anger, depression), escalating behavior(s) and, without immediate intervention, the individual is likely to require a higher intensity of services. It may also present as an overt change in functioning, or be prompted by traumatic life events. Mobile Response Teams must coordinate in-person services with law enforcement to provide additional safety, when appropriate and necessary.

3.4.2 The individual's inability to pay for service must not be a criteria for eligibility.

3.5. Service Times

3.5.1 Services shall be available and provided, as needed, 24-hour per day; seven days per week, including holidays.

3.6. Staffing and Professional Qualifications

3.6.1 The Network Service Provider shall maintain an adequate administrative organizational structure and support staff sufficient to discharge its contractual responsibilities.

3.7. The Network Service Provider shall maintain the following clinical documentation for individuals served in the program.

3.7.1 Demographics;

3.7.2 Initial clinical assessment at the time of response;

3.7.3 Supplemental assessments of child and family strengths and needs;

3.7.4 Safety or wellness plan of care;

3.7.5 Follow-up services and referrals;

3.7.6 Discharge summary including response to services provided.

3.8. Outcomes and Performance Measures

3.8.1 The Network Service Provider shall demonstrate satisfactory delivery of minimum levels of service through submission of the Monthly Data Report.

3.9. Required Reporting

3.9.1 Monthly Data Report: In order to assist the Department with system-wide programmatic analysis of the MRT model, the Managing Entity shall require MRT Network Service Providers to submit monthly supplemental data, submitted on the ME's template.

3.9.2 Return on Investment Report:

3.9.2.1 The Network Service Provider shall submit a quarterly report within 10 calendar days after the completion of each state fiscal year quarter documenting the actual return on investment achieved and describing the methodology by which the return on investment amount was determined.

3.9.3 Expenditure Reconciliation Report: A quarterly detailed cumulative reports of program expenses which are used to track all expenses associated with the grant and reconcile these expenditures with the payments made to the grantee. The financial reports track both grant award-funded and match-funded expenses and encourages program expenditure planning and projection.

3.9.4 Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

3.9.5 Reporting Schedule

3.9.5.1 The Network Service Provider shall submit reports electronically in accordance with the reporting schedule as specified in Table 1.

Table 1. Reporting Schedule		
Report Title	**Report Due Date(s)**	**Report Recipient(s)**
Return on Investment Report	October 10th, January 10th, April 10th, July 10th	**LSF Health Systems Network Manager and Director of Program Operations**
Expenditure Report	October 10th, January 10th, April 10th, July 10th	
Monthly Data Report	Monthly, by the 10th of the month	

3.10. The Network Service Provider shall participate in all MRT program conference calls, meetings or other oversight events scheduled by LSF Health Systems and the Department.

Section 4. Documentation

4.1. Costs

4.1.1 Professional Services Rendered: Invoices for professional services must include a general statement of the services provided, the time period covered by the invoice, the hourly rate, the number of hours worked and the total payment required. Evidence of payment of the invoice must also be included.

4.1.2 Postage and Reproduction Expenses: Outside vendors purchases must include invoices with evidence of payments made or receipts with itemization. In-house postage and reproduction must be supported by usage logs or similar reports.

4.1.3 Travel: Travel reimbursements shall be made in accordance with the Department's CFOP 40-1, § 287.058(1)(b), Fla. Stat. and §112.061, Fla. Stat. Receipts for direct expenses (e.g., airfare, car rental, parking, tolls) shall be provided in support of such expenses. For mileage reimbursements, submissions shall include date(s) of travel, amount of mileage (support of mileage may include either map routes or odometer readings), purpose of travel, origin and destination.

4.1.4 General Expenses not otherwise Specified: Receipts or invoices with evidence of payment should be provided.

4.2. Services Rendered

4.2.1 The Network Service Provider shall maintain records documenting the total number of clients and names/unique identifiers of clients to whom services were rendered and the date(s) on which services were provided. The Network

Service Provider shall make such information available to LSF Health Systems upon request and during monitoring of the program administration.

4.2.2 The Network Service Provider is required to enter actual services provided, using the covered services available in the LSF Health Systems Contract System into the LSF Health Systems Data System as required by the contract.

4.3. Client Charts

4.3.1 Client Charts shall be maintained in accordance with the applicable parameters established by the appropriate guidance outlined in this attachment.

Section 5. Miscellaneous

5.1. Other contractual requirements in effect under the remaining portions of this contract apply to the administration of the program described herein.

5.2. Renewal of the provisions of this Attachment and the program it governs are contingent on performance under the terms and subject to availability of funding from the Department.

5.3. The provisions of this Attachment are subject to revision and amendment by LSF Health Systems.

5.4. Any ambiguity in this Attachment shall be interpreted to permit compliance with laws, regulations and codes in effect within the State of Florida.