



**Community Based Care of Brevard, Inc.
dba Brevard Family Partnership**

REQUEST FOR INFORMATION (RFI)

FOR

**INDEPENDENT CONTRACTORS FOR MOBILE
RESPONSE TEAM CLINICIANS**

Closing Date: ONGOING

STATEMENT OF PURPOSE

Brevard Family Partnership (BFP) is soliciting information from individuals and/or organizations that have an interest in providing clinical crisis intervention services as part of a Mobile Response Team response. As of July 1, 2015, Brevard CARES has been providing coordination of a Mobile Response Team, made up of Masters level therapists, to be deployed on-site to provide crisis intervention services to children and families who have been identified as being at-risk for placement disruption or becoming an open dependency case as a result of a protective investigation in order to support and maintain clients in their home environment and provide support to families. The Mobile Response Team will respond to authorized requests for emergency intervention services during regular business hours, after hours, and weekends. Clinicians will be expected to deploy as soon as possible but not to exceed one hour from notification. The typical response time is approximately 1.5 hours. For purposes of this RFI, BFP is seeking to pre-qualify clinicians who would like to be considered for on-call rotation to accept calls primarily after hours and on the weekends, and during regular business hours. Compensation for services performed shall be \$120 per deployment, which shall include travel, actual time spent in crisis response (up to first 1.5 hours) and completion of the summary report of the visit. Any subsequent time above the allocated 1.5 client hours must first be approved by CARES and will be paid at the rate of \$50 for each subsequent hour.

OVERVIEW/PROJECT DESCRIPTION

While the following list is not exhaustive of all the requirements, the following are key requirements:

- (1) Masters Degree in Social Work, Psychology, or related field from an accredited institution of higher learning. In addition, the independent contractor must be licensed to practice in the State of Florida.
- (2) Broad experience and clinical skills working with the child welfare population. Three years' experience working with children and adolescents is preferred. Two years' experience working with children and adolescents or working under the direct supervision of a licensed clinician is the minimum experience necessary for this contractor position.
- (3) Timely completion of documentation, to include submission of a Response Summary Report within the next business day of the response that includes a summary of the visit along with any identified service recommendations for the family.
- (4) Must have own Professional Liability Insurance in an amount not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in aggregate annual limits.
- (5) Level 2 employment screening results, as specified by Chapter 435, F.S.

Interested parties should respond to the following:

1. Completion of the attached “Provider Information Form”.
2. Description of availability for regular business hours or after-hours/weekend calls for service.
3. Provide copies of Professional Liability Insurance coverage.

All submissions shall become the property of Brevard Family Partnership. Submissions should be submitted ONGOING to the attention of Amy Moseley, Director of Contracts & Compliance, BFP, 2301 W. Eau Gallie Blvd, Ste 104, Melbourne, FL 32935. BFP reserves the right to award a contract based on the results received from the posting of this RFI to one, all, or none of the individuals that respond. This RFI should not be construed as a solicitation or as an obligation on the part of BFP.



Brevard Family Partnership – A Community Based Care Agency
2301 W Eau Gallie Blvd., Suite 104
Melbourne, Florida 32935
(321) 752-4650 – Office

Provider Information for Clinicians

Provider Name: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ EXT: _____ Fax: (____) _____

Email: _____

Professional Degree: _____ University Attended: _____ Year Graduated: _____
CACREP Accred: Y/N

Professional License: _____ License #: _____ State: _____

Expiration Date: _____

Registered Intern: _____ State: _____ Discipline: RMHCI: _____
RMFTI: _____
LCSWI: _____

Intern #: _____ Expiration Date: _____

If not licensed, please note Licensed Supervisor: _____

Professional Experience: Include dates, types and years of experience (Provide a Narrative)
Attach a resume or curriculum vitae (see letter for narrative requirements)
