# NOTICE OF FUNDING OPPORTUNITY (NOFO) INFORMATION GUIDANCE

## Opioid Settlement Funds (OSF)
## (OSF: October 1, 2025 - September 30, 2028)
## and
## Financially Assisted Agency Funds (FAA)
## Behavioral Health and Substance Use Disorder
## (FAA: October 1, 2025 - September 30, 2028)

## FY 2026 - FY 2028

**Released: March 7, 2025**
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Palm Beach County Board of County Commissioners (BCC)
Community Services Department (CSD)
810 Datura Street, Suite 200 West Palm Beach, Florida 33401
(561) 355-4700

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# SECTION I: GENERAL INFORMATION

**READ CAREFULLY AND COMPLY WITH ALL REQUIREMENTS**

IN ACCORDANCE WITH THE PROVISIONS OF THE ADA, THIS NOFO AND DOCUMENTS LISTED CAN BE REQUESTED IN AN ALTERNATE FORMAT. AUXILIARY AIDS OR SERVICES WILL BE PROVIDED UPON REQUEST WITH AT LEAST THREE (3) DAYS NOTICE. PLEASE CONTACT CSD AT **(561) 355-4230 OR CSD-FAARFP@PBC.GOV.**

## INTRODUCTION

Palm Beach County Board of County Commissioners (BCC), Community Services Department (CSD) invites eligible entities to submit proposals for Opioid Settlement Funds (OSF) for Fiscal Years (FYs) 2025 through 2028 (August 1, 2025 – September 30, 2028). The BCC CSD invites eligible entities to submit proposals for the Financially Assisted Agencies (FAA) Behavioral Health Service Category for FY 2026 through 2028 (October 1, 2025 – September 30, 2028).

Proposed behavioral health programs and services funded by OSF and FAA funding shall be provided within the Palm Beach County Resilience & Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care (Ecosystem) (**Attachment 1**). The Ecosystem emphasizes resilience and social determinants of health with the aim toward building resilient and recovery-ready individuals and communities as well as providing a clear system of care path that is person-centered and recovery-oriented. One that is also focused on improved long-term recovery outcomes and increased resiliency rather than solely on acute- and crisis-centric care.

The federal Substance Abuse and Mental Health Services Administration's (SAMHSA) 2023-2026 Strategic Plan integrates four overarching guiding principles across all policies and programs. Recovery is one of these four principles, which SAMHSA describes as follows: "Recovery promotes the expectation that all individuals, including those with Substance Use Disorders (SUDs) and mental illnesses, can thrive. Recovery is more than abstinence or symptom remission; rather it is based on the goal and expectation of living well and thriving. SAMHSA not only envisions individuals achieving recovery, but also supports developing and sustaining recovery-oriented systems of care and creating recovery-facilitating environments.

The system of care's foundational elements are rooted in SAMHSA's definition of recovery from mental disorders and/or substance use disorders which is defined as, "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." They are developed from the four major dimensions that support a life in recovery that SAMHSA identifies as *health, home, community and purpose*. SAMHSA also recognizes that setbacks are a natural part of life and that resilience is a key component of recovery.

CSD intends that when anyone with a behavioral health condition seeks help, they are met with the knowledge and belief that they can recover and/or manage their conditions successfully. SAMHSA recognizes that recovery considers cultural and community expectations and is understood and embraced differently across diverse populations.

In November 2022, the BCC approved the establishment of the Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders (BHSUCOD) and declared the BCC's expressed approval of a

person-centered, recovery-oriented system of care. The BHSUCOD is charged with enhancing the County's capacity and effectiveness in formulating behavioral health and substance use disorder policies as well as to offer recommendations regarding the County's provision of services to its citizens. It is also responsible for making recommendations on responding to the opioid epidemic, as provided in section 17.42 of the Florida Statutes (2022), entitled "Opioid Settlement Clearing Trust Fund".

The BHSUCOD received regular community input and established a two-week period to receive public comment on a draft Behavioral Health and Substance Use Disorder Plan 2024 (2024 Plan) in March 2024. Following this public comment period, a thematic analysis was conducted and incorporated into the final 2024 Plan that the BHSUCOD approved in May 2024.

The 2024 Plan details the number of initiatives and their outcomes that have been executed to date to achieve a true person-centered, recovery-oriented system of care; an ecosystem of resilience and recovery that creates recovery-ready communities. It also details recommendations by the BHSUCOD pursuant to its responsibilities related to the Opioid Settlement Clearing Trust Fund.

The BHSUCOD reaffirmed its position in the 2024 Plan that one overdose death is one overdose death too many and that one death by suicide is also one too many. It wishes to see continued reductions, which may never arrive at zero but believes tracking overdose death rates should not be the singular outcome measure of the County's efforts.

The BHSUCOD also supports the County's ongoing efforts to measure its initiatives through a resilience and recovery capital framework because of its ability to capture resilience, health, well-being, social determinants of health, and risk factors. The BCC reviewed the 2024 Plan in May 2024 wherein it received public comment. It unanimously approved the 2024 Plan and an opioid settlement fund expense plan on October 22, 2024, wherein it again received public comment.

See 2024 Plan at:
https://discover.pbc.gov/communityservices/BHSUCOD/Documents/BHSUCOD2024plan_051324_final.pdf

**Government and Corporate Activism**

In accordance with section 287.05701, Florida Statutes, Palm Beach County and CSD, including all members of any Review Panel team, will not (1) give preference to a Proposer based on the Proposer's social, political, or ideological interest and (2) request any information or documentation relating to a Proposer's social, political, or ideological interests.

**Opioid Settlement Funds**

Palm Beach County Board of Commissioners (BCC) Community Services Department (CSD) invites eligible entities to submit proposals for the Opioid Settlement Funds Service Categories for Fiscal Years 2026 – 2028 (October 1, 2025 – September 30, 2028).

On March 22, 2022, the BCC approved participation in the Florida Opioid Agreement and Statewide Response Agreement and authorized the Mayor to execute the Subdivision Settlement and Participation Form. The County worked with the Palm Beach County League of Cities to secure inter-local agreements with Palm Beach County Municipalities that represent more than 50% of municipalities' total population as required by the Florida Plan. Palm Beach County submitted its Florida Opioid Agreement and Statewide

Response Agreement Qualified County Qualification Form to the State of Florida on April 12, 2022 (**Attachment 2 https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx**) Palm Beach County certified:

- The County has a population of at least 300,000 and an opioid taskforce or other similar board, commission, council, or entity, including some existing sub-unit of the County's government responsible for substance abuse prevention, treatment, or recovery of which it is a member or it operates in connection with its municipalities or others on a local regional basis.
- The County has an abatement plan that has been adopted or utilized to respond to the opioid epidemic.
- The County was as of December 31, 2021, either providing or is contracting with others to provide substance use, prevention, recovery, and treatment services to its citizens.
- The County has entered into an inter-local agreement with at least 50% of the Municipalities (by population) located within the County.

The State of Florida established three distinct opioid settlement funds: State Fund, Regional Fund, and City/County Fund. Palm Beach County receives annual disbursements from the Regional Fund as a Qualified County (populations greater than 300,000) and the City/County Fund wherein settlement proceeds goes to cities and counties directly and determine how monies are spent. Palm Beach County will realize a total of $97,694,428.99 in Regional Funds and $24,791,658.48 in City/County Funds through 2039.

On October 22, 2024, the Board of County Commissioners adopted the BHSUCOD recommendation that opioid settlement funds should be spent as follows: 90 percent on social determinants of health prioritizing housing, recovery supports, care coordination, and environmental strategies to include youth, families, and community education; and 10 percent on deep-end and crisis care. It recognizes that prior focuses on acute crisis care have not provided long-term results without other supportive services and addressing basic needs. Members stressed that the funds received through the opioid settlement were gathered on the backs of individuals and families who have suffered and continue to suffer. The memories of those lost cannot be forgotten as the County endeavors to move forward from crisis-focused care to person-oriented solutions.

**Financially Assisted Agencies (FAA)**

The BCC established the FAA program within the Palm Beach County Administrative Code, Section 305.07 – Payments to Financially Assisted Agencies, in the early 1980s to augment the County's own service mix to address human service needs by providing financial assistance to community-based organizations. The U.S. Department of Health and Human Services (HHS) Element of the Comprehensive Plan of Palm Beach County delineates goals and objectives that address the availability of health and human services necessary to protect the health, safety and welfare of County residents. In conjunction with the HHS Element, the BCC adopted Resolution R2024-0917, which created the Citizens Advisory Committee on Health & Human Services (CAC/HHS) to provide input on FAA processes.

The HHS Element can be found here:
https://discover.pbc.gov/pzb/planning/PDF/ComprehensivePlan/HealthHumanServices.pdf

The BCC Resolution can be reviewed here:
https://discover.pbc.gov/communityservices/PDF/CAC/publications/resolution.pdf.

The 2023 Annual Report provides additional guidance and can be found here:
CSD_Annual_Report_2023_FINAL.pdf.

CSD administers the OSF and FAA programs for Health and Human Services on behalf of the County.

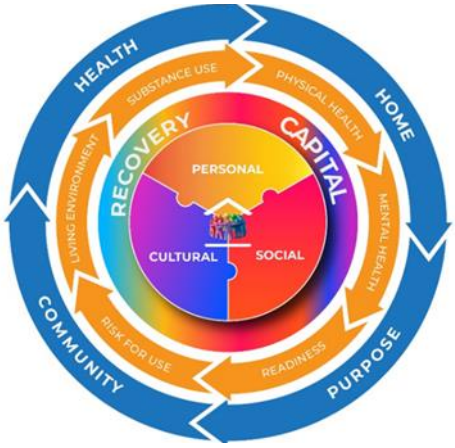
**NOTE: Effective with this NOFO, CSD is shifting FAA funded youth and youth/family-focused behavioral health services to the Youth Services Department (YSD). Specifically, the services that YSD will administer are within the Support Services and Community-Based Treatment and Services categories.**

## A. PROGRAM OVERVIEW: OSF AND FAA BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDERS

The County's collective and collaborative efforts have been directed at planning, developing and executing a comprehensive person-centered, recovery-oriented ecosystem of care. The County measures its initiatives primarily through a resilience and recovery capital framework because of its ability to capture resilience, health, well-being, social determinants of health and risk factors.

The ecosystem, at the Macro level, is concerned with interaction and interdependence of individuals with their surrounding physical, social, and cultural systems to holistically assess how individuals affect and are affected by such systems. It makes accessible a network of services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life. (**See Attachment 1**
**https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx )**

**Resilience and Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care**




The Macro level provides a non-conflicted entity serving as a single point of contact providing assessment, level of care determination, referral, prior authorization and payment of certain care, and, care monitoring across clinical and non-clinical recovery support and social services aimed at achieving seamless movement in order to increase recovery capital and improve long-term recovery outcomes.

The Micro level aims to increase an individual's resilience and recovery capital through a network of "Recovery Hubs" and other support services providing nonclinical resources, including peer support, employment and job training linkages, social and recreational activities intended for people in or seeking recovery.

SAMHSA indicates resilience is a key component to a system of care. In an extensive literature review published in *Child and Adolescent Psychiatry*, resilience is defined as "a multi-systemic dynamic process of successful adaption or recovery in the context of risk or a threat." One of the conclusions from this study is that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms in youth, and is therefore, meaningful for screening purposes in at-risk populations/situations.

As such, higher levels of resilience offers better mental health and health outcomes. This is true, not only in adolescents' and children's populations, but in the adult population as well. Thus, foundationally, increasing resilience across populations is a major aim.

**Resilience and Recovery Capital Indexing**

CSD utilizes the Recovery Capital Index (RCI) to measure and assess resilience and recovery capital. It was deployed in 2019 system wide and is key to measuring the system of care's success. The RCI is a validated assessment tool that provides a comprehensive picture of a person's well-being and allows for a personalized approach to care. It measures health and wellness using three domains (social, personal and cultural capital) and is comprised of twenty-two components. The components provide a comprehensive baseline and, over time, allows for tracking of individual progress and tailored support as well as intervention effectiveness.

An alternative version named the Resilience Capital Index was developed over time for family members and loved ones of people struggling with SUD. In the resilience version, any reference to "recovery" is removed and replaced with notions of life improvement, wellness, and well-being.

Analyzing the RCI survey dataset of more than 12,600 survey responses and going back to 2019, the five highest average component scores (Resilience Factors) and five lowest average component scores (Risk Factors) are as follows:

| Resilience Factors | Avg. | Risk Factors | Avg. |
|---|---|---|---|
| Sense of Purpose | 82.5 | Financial Wellbeing | 42.1 |
| Beliefs | 75.2 | Employment | 48.8 |
| Values | 73.3 | Housing and Living | 50.5 |
| Spirituality | 71.4 | Transportation | 54.9 |
| Safety | 71.4 | Access to Healthcare | 56.1 |

Additional analysis identified the following trends and patterns:

*Strong Influence of Social Capital*

- Social Capital shows the highest correlation with changes in Total RCI scores, suggesting that improvements in social relationships and support systems are strongly linked to overall recovery capital growth.
- Within Social Capital, the "Social Network" indicator is particularly influential, indicating the importance of having a supportive social environment.

*Importance of Personal and Cultural Capital*

- Personal Capital domain shows a high correlation with Total RCI changes, emphasizing the role of personal well-being, including mental and emotional health, education, and employment.
- Although slightly lower than Social and Personal Capital, Cultural Capital still plays a significant role. This includes factors like a sense of purpose, spirituality, and connectedness to the community, which contribute to an individual's recovery journey.

Florida Atlantic University School of Social Work and Criminal Justice (FAU) is engaged by CSD as a research partner and conducts ongoing process and outcome evaluations. FAU has conducted an evaluation

of Palm Beach County's federally funded Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) and found that the COSSUP's recovery capital framework model was an effective strategy to building personal capital, housing stability, and reducing recidivism for justice-involved persons with substance use disorder.

**Social Determinants of Health**

Critical to the BCC's goal of establishing a person-centered, recovery oriented ecosystem is placing focus on social determinants of health (SDoH). CSD has engaged FAU's Center for Integrated Recovery and Wellness Studies to continue its research related to resilience and recovery capital and its relationship to SDoH in order to strengthen individual and community health, wellness and recovery from substance use disorder and mental illness.

The U.S. Centers for Disease Control and Prevention (CDC), Office of Disease Prevention and Health Promotion defines SDoH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDoH are grouped into five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.


SAMHSA recognizes the importance of addressing SDoH as key levers to achieving improved outcomes for people with behavioral health conditions. The White House Domestic Policy Council (DPC) in its 2023 *Playbook to Address Social Determinants of Health* emphasizes the fact that improving health and well-being across America requires addressing the social circumstances and related environmental hazards and exposures that impact health outcomes.

An inability to meet these social needs puts individuals at higher risk for exacerbating health conditions such as heart disease, stroke, depression, cancer, and diabetes according to the DPC. Compounding the problem, unmet social needs can cause major disparities in health outcomes stratified by geography, race, ethnicity, age, income, disability status, sexual orientation and a number of other factors.

The OBHSUD conducted a crosswalk to map the 2024 Plan's overarching priority and opioid settlement recommendations with opioid settlement fund Core Strategies and Approved Uses; SDoH domains; and RCI indicators. Comments from advisory committee members and the public were solicited at subcommittee meetings on the crosswalk, as well as to obtain input on evaluation criteria, including standards, outcomes and measures. A sample crosswalk document was developed to assist applicants with aligning proposed activities with the core strategies, approved uses, SDoH and RCI indicators for OSF proposals. (**See Attachment 5**)

## B. OSF AND FAA SERVICE CATEGORIES AND SUBCATEGORIES

### OSF SERVICE CATEGORIES AND SUBCATEGORIES

In the OSF section of the NOFO, there are three (3) funding categories: Recovery Supports, Community Education and Engagement and Deep-End Treatment. Following are detailed descriptions and subcategories.

## 1. Recovery Supports Category

FAU's evaluation of Palm Beach County's federally funded Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), which provided essential services to individuals with substance use and criminal justice involvement, found that the program's recovery capital framework model was an effective strategy to building personal capital, housing stability, and reducing recidivism for participants enrolled in the program.

More specifically, FAU found that a collection of interventions that included a peer navigator, care coordinator, and housing specialist, as well as financial incentives for housing and situational-related expenses, had a measurable impact on the long-term outcomes of reducing recidivism and increasing housing stability, and personal capital among individuals who had justice involvement and substance use histories. Particularly, FAU found peer navigators with lived experience in substance use and criminal justice involvement were quite effective in fostering trust and providing mentorship, a transformative power that aids participants in navigating intricate systems and increasing engagement in treatment and supportive services.

Furthermore, critical to the BCC's goal of establishing a person-centered, recovery oriented ecosystem is the emphasis placed on social determinants of health. CSD has engaged FAU's Center for Integrated Recovery and Wellness Studies to continue its research related to resilience and recovery capital and its relationship to SDoH in order to strengthen individual and community health, wellness and recovery from substance use disorder and mental illness.

Palm Beach County seeks an agency and/or agencies to replicate and/or expand the interventions deployed in the COSSUP to populations beyond individuals involved with the criminal justice system. The interventions shall include peer support, care coordination as well as financial support for situational-related expenses. Respondents must place focus on SDoH, resilience and risk factors identified on page 7 of this NOFO and other RCI data collected during the contract period. Respondents must also agree to enter into memorandum of agreement(s) to participate in the County's anticipated safe and stable housing initiative.

## 2. Community Education and Engagement Category

Applications addressing the following will receive priority consideration:

### A. Family Supports

Family supports can have a positive impact on mental and physical health. There is no one-size-fits-all solution for helping family members with a mental or substance use disorder. It is important for caregivers to prioritize their own health as well.

Palm Beach County seeks an agency and/or agencies to provide community-based supports to families experiencing a family members' substance use or co-occurring disorder, particularly for parents or grandparents who face a variety of emotional, legal and daily living challenges as they unexpectedly find themselves in the position of raising a second family. These supports may include, but not be limited to, emotional, physical health and practical support, advocacy, parenting and family interaction, care and resource navigation.

Supports must strengthen and build capacities and resilience for families experiencing a family member's substance use or co-occurring disorder.

These should enable families to make informed choices, be needs-led and be provided in a manner that builds on family strengths.

## B. Resilient and Recovery-Ready Communities

Palm Beach County seeks an agency and/or agencies to lead community education and engagement activities that develop relationships, strategic partnerships, and collaborative agreements which will enable diverse groups to work together to address substance use and co-occurring disorder-related issues. These activities must include, but not be limited to, utilizing environmental and other strategies to:

- Establish, facilitate and support community-based resilient and recovery ready communities.
- Assess community resilience and risk factors through resilience and recovery indexing and other appropriate source data, reports, statistics or other materials to carry out this function.
- Promote well-being to achieve positive health impact and outcome.
- Educate community members particularly, parents and family members, to assist and support others who may be experiencing a mental health or substance use challenge.
- Educate employers to effectively address these challenges among employees, build workforces through hiring of people in recovery, as well as develop resilient and recovery-supportive work environments and policies.

Activities must also strengthen community member and community resilience and capacity at addressing substance use or co-occurring disorder and enable community members and local residents to make informed choices. They must also be needs led and provided in a manner that builds on community members' and local residents' strengths.

Community engagement is cited as a tool to improve the health of the community and its members and leverage it to support the implementation and scaling-up of evidence-based programs and policies. The five levels of engagement are: outreach, consultation, involvement, collaboration, and shared leadership. Each level represents an increasing degree of community involvement, trust, participation in decision-making, impact, and bi-directional communication flow.

SAMHSA states that recovery-ready communities, also known as recovery-inclusive communities, builds upon the early work of the Recovery Oriented System of Care (ROSC) while elevating support structures such as intervention, risk reduction, educational recovery programs, and other traditional community-based support structures. The recovery-ready community model adopts a full continuum of supports from an individual and interpersonal, community, institutional, and policy level to build recovery capital and support and sustain recovery. This model started with substance use, but has evolved to recognize that to be a truly recovery-ready community, mental health and wellness are core components. This model unifies key components of ROSC with a social-ecological systems perspective similar to that of a recovery ecosystem.[1]

Further, SAMHSA provides that the model for a recovery-ready community is rooted in data and ensures ease of access to lasting infrastructures such as integrated healthcare, employment, housing, education, harm reduction, and both formal and informal recovery supports. It centers services and supports, including risk reduction, prevention, family support, and recovery housing as a continuum of interventions and services aimed at sustaining recovery.

[1] Ashford, R.D., Brown, A.M., Ryding, R., & Curtis, B. (2019)

*Key principles of a recovery-ready community include*:

- Recovery activism and advocacy that aim to reduce stigma;
- Recovery requires a full continuum approach to treatment resources;
- Recovery-ready communities elevate peer-led supports that meet the diverse needs of the community;
- Recovery-readiness necessitates the elevation of recovery community organizations (RCOs);
- Recovery support institutions and educational-based recovery supports are essential;
- Recovery-ready communities offer visible and diverse local recovery role models; and
- Recovery builds and sustains cultural capital

*Sample Values of Recovery-Ready Communities may include*:

- Recovery management
- Responsive to the diverse needs of a population
- Culturally Responsive
- Trauma-informed
- Attentive toward the traditions, histories, practice, and spiritual beliefs of various cultures
- Reduction of stigma
- Holistic approach
- Lived experience centered
- CHIME – Connectedness; Hope; Identity; Meaning; Empowerment[2]

## C. Screening, Brief Intervention, Refer to Treatment (SBIRT)

The County seeks an agency to implement a county-level Screening, Brief Intervention and Referral to Treatment (SBIRT) program to implement the SBIRT public health model for individuals in various primary and behavioral health settings to identify and treat those who use alcohol and other drugs at risky levels. The program is expected to provide training, education and technical assistance to collaborative partners and primary and behavioral settings to deliver early intervention for individuals with risky alcohol and drug use, as well as the timely referral to more intensive treatment where indicated.

Reported barriers to greater use of SBIRT include sensitivities around how to include parents while maintaining patient confidentiality, the time needed to provide SBIRT, a lack of technology to conduct the screening, training in brief intervention, and difficulty making referrals to treatment. There have also been concerns raised about available resources for providing additional services for individuals who screen in as needing such referrals. However, universal low time- and labor-cost screening strategies have been proven effective in addressing these barriers.

SBIRT has been identified as an effective tool in preventing substance use disorders. SBIRT's three major components are described by SAMHSA as:

- Screening -A healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.
- Brief Intervention - A healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.
- Referral to Treatment - A healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

[2] SAMHSA Roundtable: Recovery Models Roundtable Background Materials (SAMHSA Program to Advance Recovery Knowledge – "SPARK") (Dec. 2024)

The program aims to address the identified barriers and to reduce risky alcohol and other drug use and reduce the negative physical and behavioral health consequences of this use. It also aims to integrate recovery management principles as part of the SBIRT initiative which has been demonstrated to increase chances of successful treatment initiation, enhance engagement and retention, reduce use outcomes, and lend to early re-intervention when a relapse occurs.

See SAMHSA's publication on Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment: https://library.samhsa.gov/sites/default/files/sma13-4741.pdf

See "Dynamic duo": Adding recovery management checkups to SBIRT improves patient outcomes – Recovery Research Institute: https://www.recoveryanswers.org/research-post/dynamic-duo-adding-recovery-management-checkups-sbirt-improves-patient-outcomes/

**D. Community Drug Disposal**

The County seeks to enhance and expand drug disposal programs in order to accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly. Such programs can use in-person drop-offs, mail-in efforts, permanent secure collection receptacles (e.g. 24-hour drop-boxes), scheduled drug take-back events, as well as education efforts to raise awareness about reasons for proper drug disposal and available options.

The presence of leftover prescription medications in the home has contributed to widespread misuse, diversion, and poisonings among children, adolescents, and young adults in the United States. Given the risks posed to children, families, and communities, strategies that encourage prompt and safe removal of risky leftover medications from homes are needed. Community drug disposal programs, such as take-back events, as well as the provision of disposal kits and disposal information have led to improved disposal rates. Yet, many people continue to retain leftover opioids and other controlled medications which may be, in part, related to the perception that these medications pose little risk to family members.

Proper drug disposal programs are a suggested strategy to reduce illicit drug use and unintentional poisoning.

See Proper drug disposal programs, County Health Rankings & Roadmaps: https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/proper-drug-disposal-programs#:~:text=Programs%20can%20use%20in-person%20drop-offs%2C%20mail-in%20efforts%2C%20permanent,awareness%20about%20reasons%20for%20proper%20drug%20disposal%20

**3. Deep-End Treatment Category**

Deep-End Treatment includes: Inpatient, Residential, Residential-Levels 1, 2, and 4, Room and Board-Levels 2 and 3.

Methods of intervention for substance use and co-occurring disorders vary from pharmacological to behavioral or psychosocial, and from singular or specific therapies to a broad array of services within a program. Treatment is beneficial in reducing substance use, in alleviating associated psychiatric, legal, job, family/social, and medical problems, and in reducing the use of other services and the cost burden to other systems. Positive outcomes from intensive care management are found to correlate with treatment retention

and duration of treatment. From a chronic disease model perspective, outcomes of treatment for substance use problems are comparable to outcomes from diseases such as hypertension, type 2 diabetes mellitus, and asthma; meaning that with appropriate care management individuals' outcomes for substance use disorder and/or co-occurring disorders can and will improve if managed as chronic diseases, which is what they are.

***Priority population: Women, pregnant and parenting women.***

Women, pregnant or not, have unique needs that should be addressed during substance use disorder treatment as well as treatment for co-occurring disorders. Pregnant women with greater severity of mental illness are also more likely to engage in substance use. Effective treatment should incorporate approaches that recognize sex and gender differences, understand the types of trauma women sometimes face, provide added support for women with child care needs, and use evidence-based approaches for the treatment of pregnant women.

Substance use during pregnancy can have adverse health effects on both pregnant women and the baby, such as fetal alcohol spectrum disorders from alcohol use, poor fetal growth and neonatal abstinence syndrome from opioid use, and increased risk of health problems for babies from alcohol, drugs and cigarette smoking. Substance-exposed newborns may experience withdrawal that encompass body shakes, seizures, trouble sleeping and eating, failure to thrive, increased fetal mortality, difficulty being soothed and breathing problems.

**OSF Funding Requirements**

Individuals must reside in Palm Beach County and all activities must take place in Palm Beach County.

Marginalized communities will receive priority consideration within the following areas: Tri-city Glades, Riviera Beach, West Palm Beach, Lake Worth Beach, and Delray Beach. Substance use and behavioral health disorders are significant public health issues that impact people across all demographics. Marginalized groups including racial and ethnic communities, LGBTQIA+ individuals, those living in poverty, and people with disabilities face disproportionately high rates of substance use and behavioral health disorders. Additionally, marginalized communities have disproportionally lower rates of access to treatment or healthcare services, higher rates of incarceration and recidivism, as well as facing unique cultural barriers and stigma. Entering into collaborative partnerships through MOUs or MOAs that are directly connected to the proposal and that start at the beginning with planning and developing the proposal will be given more weight within this prioritized population. This type of collaborative partnership would include joint planning and mentoring throughout the process of preparation and implementation. Many grass-roots organizations have contacts and relationships that will increase the reach of a proposal even though such organizations may not have the infrastructure or experience to prepare and submit a proposal. MOU or MOAs should demonstrate strong role delineation and sub-awards to small-scale non-profit, grass-roots organizations particularly from marginalized communities.

(**NOTE:** More weight is to be given to proposals that include MOU or MOAs which demonstrate sub-awards to small-scale non-profit, grass-roots organizations, particularly from marginalized communities. Sub-awards are permissible with OSF funding, but not with FAA funding.)

Proposals for OSF funding are to establish new programs or expand and/or enhance the availability of services and supports. Opioid Settlement Funds shall be supplemental to, and shall not supplant or take the place of, any other funds, including, but not limited to, insurance benefits or local, state or federal funding, that would otherwise have been expended for such purposes, Funding shall be used exclusively to fund the

programs or projects that align with the goals of the 2024 Plan.

Proposals submitted for the OSF Funding shall:

- Demonstrate alignment with Palm Beach County's Resilience and Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care. (**See Attachment 1 https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx**)
- Demonstrate that the agency has conducted its own crosswalk that integrates SDoH, recovery capital indicators and other outcomes measurements. (**See Attachment 5** )
- Demonstrate integration of SAMHSA best practice guides and evidence-based practices manuals, or evidence-informed practices as well as clearly articulate defined standards, outcomes and measures. (**See Attachment 4 https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx** )
- Demonstrate consistency with the 2024 Plan https://discover.pbc.gov/communityservices/BHSUCOD/Documents/BHSUCOD2024plan_051324_final.pdf
- Agree to utilize evidence-based or evidence-informed practices that are implemented with fidelity, are scalable and data-driven.
- Agree to measure individual and/or community resilience through regular administration of the Resiliency/Recovery Capital Index Survey.
- Agree to participate in the County's *Shaping a Healthier Palm Beach County campaign*.
- Agree to participate in research related to initiatives.
- Include collaborative agreements with community partners.
- Comply with the applicable CSD Agency's Programmatic Requirements.
- Comply with State and County reporting requirements for OSF funds. (**See Attachment 5)**
- Comply with 2 CFR Part 200 (Code of Federal Regulations (CFR) which contains uniform administrative requirements, cost principles and audit requirements). 2 CFR Part 200 (up to date as of 1-22-2025).pdf.

During the FY 2026 contract term, the County anticipates implementing assessments and level of care determinations by a neutral care coordination entity (NCCE). When the County shifts to the NCCE, there will be a transition period between when the NCCE takes over the responsibility of doing assessments and level of care determinations. Once this is about to start, the County will appropriately engage agencies and keep them informed.

## FAA SERVICE CATEGORIES AND SUBCATEGORIES

Substance Use and Behavioral Health Disorders Service Categories for FAA funding includes services and interventions necessary to assist young adults (ages 19-24), adults, and families who are experiencing behavioral health, mental health, substance use disorder, co-occurring psychiatric and substance use disorders that impair overall functioning and affect quality of life. The services within the Substance Use and Behavioral Health Disorders Service Categories are:

- Support Services
- Community-Based Treatment and Services
- Deep-End Treatment

### 1. Support Services Category

Intervention methods incorporating and emphasizing the Social Determinants of Health (SDoH) are critical

factors in the development, treatment, and recovery of substance use, behavioral health and co-occurring disorders. Providing non-clinical supportive services is an integral part of supporting individuals through recovery, improving health outcomes, and reducing the likelihood of relapse or recidivism. This category aims to provide support services to individuals who may have substance use and/or behavioral health disorders through nonclinical services, including peer support, linkages to housing, employment and job training, and social and recreational activities intended for people in or seeking recovery.

For this NOFO, there is an established Support Services category that includes crisis support, case management/care coordination, recovery support (i.e. peer services, drop-in recovery community centers, and recovery community organizations), housing supportive services, and supportive employment.

**Support Services Subcategories**

- Crisis Support (i.e., Mobile Support)
- Case Management/Care Coordination
- Peer Support
- Housing Supportive Services
- Supportive Employment

### A. Crisis Support

Mobile crisis teams offer community-based intervention to individuals in need wherever they are including home, work, or anywhere else in the community where the person is experiencing a crisis. For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. Emergency Medical Services (EMS) should be aware and partner as warranted. (**See Attachment 5**)

### B. Case Management/ Care Coordination

SAMHSA's use of Case Management is synonymous to Care Coordination, especially within the context of substance use disorder treatment. See: https://library.samhsa.gov/sites/default/files/PEP20-02-02-013.pdf, which provides a framework that includes assessing individual needs, planning and managing participant care, linking to services, and coordinating across multiple service providers. Critical to improving outcomes through utilization of Case Management/ Care Coordination, are providing follow-up contact with participants and ensuring that warm hand-offs occur when transferring a participant's care from one provider to another. (**See Attachment 5 and Section VII Definitions**)

### C. Peer Support Services

SAMHSA's working definition defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery signals a dramatic shift in the expectation for positive outcomes for individuals who experience mental and substance use conditions or the co-occurring of the two. This approach encompasses programs that provide peer supports, family services, and assistance with housing, education, and employment, promoting a holistic view of recovery that addresses all aspects of life that may ultimately lead to a self-directed life with purpose (See **Attachment 4**).

The County is seeking proposals to provide Peer Support services designed to aid individuals in sustaining long-term recovery from mental health and/or substance use conditions in all walks of life,

including referring persons served to recovery community organizations and affiliated recovery community centers. The Peer Support Services may be provided to persons eligible for these services in the community regardless of housing status. Peer Support Specialists must be certified and have lived experience with mental health and/or substance use disorders.

**D. Housing Supportive Services**

SAMHSA recognizes housing as the "cornerstone" to recovery for individuals with mental illness and co-occurring disorders who experience homelessness and/or housing instability. By combining housing with essential services that support permanency, individuals can have the security of a safe, stable and permanent living environment. Permanent Housing Supportive Services offers a comprehensive solution for individuals who need both housing and ongoing support to manage mental health and substance use challenges. (**See Attachment 4**)

Housing Supportive Services can be a critical asset in supporting an individual on their recovery journey. SAMHSA has an informative resource that includes building evidence-based Housing Supportive Services programs that are integrated with a community and that are culturally responsive to participants. Included with this resource is a fidelity tool for evaluating program implementation using both process measures and program outcomes. The importance of Housing Supportive Services to building a resilient ecosystem of care is strengthened when factoring in the CDC's five domains of SDoH: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

The County is seeking proposals to provide Housing Supportive Services designed to aid individuals in sustaining long-term recovery from mental health and/or substance use conditions in all walks of life. The Housing Support Services may be provided to persons eligible for these services in the community regardless of housing status.

**E. Supportive Employment**

SAMHSA's approach to supportive housing is grounded in the principle that all individuals, regardless of their mental health status, have the desire to work. Individuals with serious mental illness have the ability to work in competitive settings that can facilitate successful, long-term employment with tailored support, job coaching, and communication with potential and current employers. (**See Attachment 4**)

The County is seeking proposals to provide Supportive Employment services designed to assist eligible clients obtain and maintain competitive, integrated employment. Services are individualized and consistent with the unique strengths, abilities, interests and informed choice of the individual to help them succeed.

**Recommended Best Practices**

| Services | Recommended best practices: |
|---|---|
| Crisis Support | • Incorporate peers within the mobile crisis team.<br>• Respond without law enforcement accompaniment unless special circumstances warrant inclusion to support true justice system diversion.<br>• Schedule outpatient follow-up appointments utilizing a warm handoff approach to support connection to ongoing care and through |

| | |
|---|---|
| | utilization of the Resource & Referral Portal. |
| Case Management/Care Coordination | Substance Use & Behavioral Health: Intensive Case Management/ Care Coordination<br>• Case load < 20 per staff<br>Services must be:<br>• Accountable<br>• Consistent with restoring, maintaining, and enhancing well-being<br>• Culturally sensitive<br>• Effective in accomplishing outcomes<br>• Empowering<br>• Flexible and responsive<br>• Individualized based on self-determination and choice<br>• Informational<br>• Trauma-informed<br>• Person-centered and network-inclusive<br>• Provided to minimize risk of harm |
| Peer Supports | Peer Recovery Support<br>• Engages participants in collaborative and caring relationships<br>• Provides support based on personal journey and creates a safe space for communicating, meeting each person where they are<br>• Shares lived experiences of recovery<br>• Personalizes peer support<br>• Supports recovery planning<br>• Links to resources, services, and supports<br>• Provides information about skills related to health, wellness, and recovery<br>• Helps peers to manage crises<br>• Values communication<br>• Supports collaboration and teamwork |
| Housing Supportive Services (Support Services Only, - housing assistance is not included) | • With flexible supports, people with mental illness, substance disorder, and/or co-occurring disorders can live in housing of their choice, just like any other member of the community. Programs take different approaches to housing. Individuals must have access to an array of services that help them keep their housing, such as case management, assistance with daily activities, conflict resolution. Individuals also receive help in becoming fully participating members of the community, through assistance with socialization, seeking employment and receiving essential services to support them in the community. |

| | |
|---|---|
| Supportive Employment | Individual Placement and Support (IPS)<br>• Eligibility is based on participant choice.<br>• Supportive Employment services are integrated with comprehensive mental health treatment.<br>• Competitive employment is the goal.<br>• Personalized benefits counseling is important.<br>• Job search starts soon after participants express interest in working.<br>• Follow-along supports are continuous.<br>• Participant preferences are important. |

## 2. Community-Based Treatment and Services Category

For this NOFO, there is established a Community-Based Treatment and Services category that includes outpatient individual therapy, outpatient group and/or family therapy, *non-residential, medical, Medication-Assisted Treatment (MAT)/Medication Assisted Recovery (MAR), in-home or on-site day treatment.

- Outpatient Services (Counseling/Therapy Services, Non-Residential, Psychiatric care & Medication Management, Support groups, MAT/MAR)
- In-home or Onsite Day Treatment (including Partial Hospitalization Programs (PHP), Intensive Outpatient Programs (IOPs))

*Non-residential includes adolescents aged 15-18

### A. Outpatient Services (Counseling/Therapy Services, Non-Residential, Psychiatric care & Medication Management, Support groups, MAT/MAR)

Outpatient services for mental health and substance use disorders may include services designed for individuals who live independently and are engaged in on-going therapy, medical support, and care for mental health or substance use issues. SAMHSA categorizes these as "Outpatient Treatment" or "Outpatient Counseling," which offer a structured schedule of services such as counseling, psychiatric care, medication management, and support groups. These services are intended to provide support while maintaining daily life routines, an approach especially valuable for individuals managing mild to moderate symptoms of mental illness or substance use disorders. (**See Attachment 4**)

### B. In-home or Onsite Day Treatment (including Partial Hospitalization Programs (PHP), Intensive Outpatient Programs (IOPs))

SAMHSA recognizes "in-home" or "onsite day treatment" within its various outpatient and community-based treatment definitions. These programs, often known as "day treatment" or "partial hospitalization," offer structured care for mental health and/or substance use disorders outside of hospital settings. Partial Hospitalization Programs (PHPs) provide intensive, structured treatment within a hospital or clinic setting but allow individuals to return home at night. These programs are intended for individuals who need more support than traditional outpatient treatment services, but do not require 24-hour inpatient care. (**See Attachment 4**)

**Recommended Best Practices**

| **Services** | **Recommended best practices:** |
|---|---|
| Outpatient Services (Counseling/Therapy Services, Non-Residential, Psychiatric care & Medication | • Counseling/Therapy Services |

| | |
|---|---|
| Management, Support groups, Medication Assisted Treatment) | (Individual, Family, Group)<br>• Non-Residential<br>• Psychiatric care & Medication Management<br>• Support groups<br>• Medication Assisted Treatment |
| In-home or Onsite Day Treatment | **Partial Hospitalization Program**<br>• Achieving harm reduction.<br>• Fostering behavior changes that support a substance-free lifestyle.<br>• Improving coping and problem-solving skills.<br>• Facilitating participation in community-based support systems such as 12-step programs, MAT/MAR.<br>• Assisting participants in identifying and dealing with psychosocial issues (e.g., employment, housing, adherence to probation limitations).<br>• Aiding individuals in developing a positive social network.<br>• Medication management.<br>• Individual and group therapy.<br>• Family therapy.<br>• Educational groups.<br>• Occupational and recreational therapies. |

### 3. Deep-End Treatment Category

For the purposes of this NOFO there is established a Deep-End Treatment category that includes Crisis Stabilization, Detox, Inpatient, Residential, Residential-Levels 1, 2, & 4, Room and Board-Levels 2 & 3.

- Crisis Stabilization
- Medical Detox
- Inpatient/Residential

Methods of intervention for substance use and co-occurring disorders vary from pharmacological to behavioral or psychosocial and from singular or specific therapies to a broad array of services within a program. Treatment is beneficial in reducing substance use, in alleviating associated psychiatric, legal, job, family/social, and medical problems, and in reducing the use of other services and the cost burden to other systems. Positive outcomes are found to correlate with treatment retention and duration of treatment. Finally, from a chronic disease model perspective, outcomes of treatment for substance use disorder is comparable to outcomes from diseases such as hypertension, type 2 diabetes mellitus, and asthma, which with appropriate care management, individuals' outcomes for substance use disorder and/or co-occurring disorders can and will improve if managed as chronic diseases.

### A. Crisis Stabilization

SAMHSA's "Crisis Now" framework offers an effective model that aligns closely with crisis

stabilization. Designed to ensure comprehensive crisis support and minimize emergency department reliance, Crisis Now promotes integrated crisis response through three core components: 24/7 crisis call centers, mobile crisis teams, and short-term, crisis stabilization facilities. Together, these elements create a coordinated system for individuals experiencing a behavioral health crisis, aiming to prevent escalation and support stabilization in the least restrictive settings. **(See Attachment 4)**

## B. Medical Detox

SAMHSA calls medical detoxification "Withdrawal Management." This approach provides a supervised and structured process to manage withdrawal symptoms, often essential for individuals with severe physical dependence on substances such as alcohol, opioids, or benzodiazepines. Medical detox is generally considered the first stage in a comprehensive treatment plan. **(See Attachment 4)**

## C. Inpatient/Residential Services

Residential/Inpatient services provide a structured, 24-hour supportive recovery-centric environment for individuals who need intensive care for mental health and/or substance use disorders. Inpatient and residential programs vary in intensity and duration, often focusing on stabilization, therapeutic interventions, and skills development to support recovery.

**Recommended Best Practices**

| **Services** | **Recommended best practices** |
|---|---|
| Crisis Stabilization | • Improved access to care.<br>• Improved assessment, to include a biopsychosocial formulation, differential diagnosis, and initial treatment plan, and reassessment(s) as needed during the visit.<br>• Prompt initiation of definitive treatment, which leads to reductions in symptoms, morbidity related to seclusion and restraint, and length of stay.<br>• Diversion to the community to provide care in the least-restrictive setting, including referral pathways for step-down to community alternatives to hospitalization after the individual has been assessed and stabilized.<br>• Continuity of care, to include linkage with community provider agencies that are in close proximity to the individual's residence, timely appointments, and effective prompt transfer of information.<br>• Specialized care, including the capability to treat people with co-occurring substance use disorders (SUD), accommodate diverse language needs and cultural backgrounds.<br>• Cost-effective.<br>• Single Point of Entry (or well-coordinated multiple points of entry.)<br>• On-Demand Access: Twenty-Four Hours/Seven Days Per Week Availability.<br>• No Barriers to Care |
| Medical Detox | • Evaluation of Participant |

| | |
|---|---|
| | • Stabilization of Participant<br>• Fostering individualized readiness for and entry into treatment<br>• Successfully transition to appropriate level of care after detoxification. |
| Inpatient/Residential Services | • Best Practices are based on the level of treatment provided. It is recommended to use SAMHSA's best practices when applying. |

**FAA Funding Requirements**

Individuals must reside in Palm Beach County and all activities must take place in Palm Beach County.

Individuals must have a mental health, substance use and/or co-occurring disorder, which includes, but is not limited to, impairment in functioning, at-risk, and/or behavioral or emotional disorders. Current or past traumatic stress may also be a factor wherein it impacts the Individual's overall wellness for individuals who may not have a diagnosis.

Marginalized communities will receive priority consideration within the following areas: Tri-city Glades, Riviera Beach, West Palm Beach, Lake Worth Beach, and Delray Beach. Substance use and behavioral health disorders are significant public health issues that impact people across all demographics. Marginalized groups including racial and ethnic communities, LGBTQIA+ individuals, those living in poverty, and people with disabilities face disproportionately high rates of substance use and behavioral health disorders. Additionally, marginalized communities have disproportionally lower rates of access to treatment or healthcare services, higher rates of incarceration and recidivism, as well as facing cultural barriers and stigma.

Proposals submitted for FAA Funding shall:

- Demonstrate alignment with Palm Beach County's Resilience and Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care. (**See Attachment 1**)
- Demonstrate that the agency has conducted its own crosswalk that integrates SDoH, recovery capital indicators and other outcomes measurements. (**See Attachment 5**)
- Demonstrate integration of SAMHSA best practice guides and evidence-based practices manuals, as well as clearly defined standards, outcomes and measures. (**See Attachment 4**)
- Agree to utilize evidence-based or evidence-informed practices that are implemented with fidelity, are scalable and data-driven.
- Agree to measure individual and/or community resilience through regular administration of the Resiliency/Recovery Capital Index Survey.
- Agree to participate in the County's *Shaping a Healthier Palm Beach County campaign*.
- Agree to participate in research related to initiatives.
- Include collaborative agreements with community partners.
- Comply with the applicable CSD Agency's Programmatic Requirements.
- Comply with County reporting requirements.

During the FY 2026 contract term, the County anticipates implementing assessments and level of care determinations by a neutral care coordination entity (NCCE). When the County shifts to the NCCE, there will be a transition period between when the NCCE takes over the responsibility of doing assessments and level of care determinations. Once this is about to start, the County will appropriately engage agencies and keep them informed.

## C. FUNDING AVAILABILITY

All proposals must be category-specific and identify a subcategory per this NOFO. Applicants are not limited to the number of proposals they may submit; however, the Applicant must submit at least one (1) proposal to be considered for funding.

Applicants must submit one application per category and/or subcategory to be considered for funding. The funding available for this NOFO will be determined by the Board of County Commissioners. The Board of County Commissioners (BCC) has the sole authority to modify, reject, or approve funding recommendations under this NOFO.

**OSF**

All proposals must be specific to the Recovery Supports, Community Education and Engagement, or the Deep-End Treatment categories as defined within this NOFO. Applicants are not limited to the number of proposals they may submit; however, the Applicant must submit a unique proposal per service category to be considered for funding.

The BCC determines available funding for each of the fiscal years covered by this NOFO. The total funding available for Fiscal Year (FY) 2026 is $4,275,745: It is anticipated that the same amount of funding will be available for each category in FY 2027 and FY 2028 based on appropriation by the Board of County Commissioners.

| Category | Subcategory | Estimated Funds Available |
|---|---|---|
| **Recovery Supports** | | $1,000,000.00 |
| **Community Education and Engagement Category** | | |
| **Focus Population:** Young Adults, Adults, and Families | Family Supports | $1,000,000.00 |
| | Community Engagement/Recovery Ready Communities | $1,000,000.00 |
| | SBIRT | $350,000.00 |
| | Community Drug Disposal | $150,000.00 |
| | **Subtotal** | **$3,500,000.00** |
| **Deep-End Treatment Category** | | |
| **Focus Population:** Women, pregnant and parenting women | Inpatient, Residential, Residential-Levels 1, 2, and 4, Room and Board-Levels 2 and 3 | **$**775,745.00 |
| | **Subtotal** | $775,745.00 |
| | **TOTAL** | **$4,275,745.00** |

**FAA**

All proposals must be specific to the Support Services, Community-Based Treatment and Services, or Deep-End Treatment Categories. Applicants are not limited to the number of proposals they may submit; however, the Applicant must submit a unique proposal per service category to be considered for funding.

The BCC determines the availability of funding for each of the three (3) fiscal years covered by this NOFO.

The estimated total funding available for FY 2026 in the Behavioral Health and Substance Use category is $5,439,539. It is anticipated that the same amount of funding will be available for each category in FY 2027 and FY 2028.

| Category | Subcategory | Estimated Funds Available |
|---|---|---|
| Support Services Category<br><br>**Focus Population:**<br>Young Adults, Adults, and Families | Crisis Support | |
| | Case Management/Care Coordination | |
| | Peer Support | |
| | Housing Supportive Services | |
| | Supportive Employment | |
| Community-Based Treatment and Services Category<br><br>**Focus Population:**<br>Young Adults, Adults, and Families | Outpatient Services:<br>• Counseling/Therapy Services<br>• Non-Residential (this service subcategory only includes adolescents aged 15-18 in the focus population)<br>• Psychiatric care & Medication Management<br>• Support groups<br>• Medication Assisted Therapy | |
| | In-home or Onsite Day Treatment | |
| Deep-End Treatment Category<br><br>**Focus Population:**<br>Adolescents, Young Adults, Adults, and Families | Crisis Stabilization | |
| | Medical Detox | |
| | Inpatient/ Residential Services | |
| CQM Projects (5% of program budget) | | |
| **FAA TOTAL** | | **$5,439,539** |

## D. REQUIRED OUTCOMES

### OSF OUTCOMES

#### 1. Recovery Supports

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator (Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| Outcome | Participants will complete an individualized recovery plan. |
| Indicator (Year 1) | 60% of Participants will have achieved at least two goals identified in a completed individualized recovery plan. |
| (Year 2 & 3) | 70% of Participants will have achieved at least two goals identified in a completed individualized recovery plan. |

| | |
|---|---|
| Outcome | Participants will remain engaged in services. |
| Indicator (Year 1) | 60% of Participants will remain engaged in services for program duration. |
| (Year 2 & 3) | 70% of Participants will remain engaged in services for program duration. |

| | |
|---|---|
| Outcome | Participants will be provided a referral to a Recovery Community Centers. |
| Indicator (Year 1) | 60% of Participants will be provided a referral to a Recovery Community Center. |
| (Year 2 & 3) | 70% of Participants will be provided a referral to a Recovery Community Center. |

**2. Community Education and Engagement Category**

Programs and services in the Community Education and Engagement Category shall address the following outcomes and performance measures:

**Family Supports**

| | |
|---|---|
| Outcome | Increase the resilience of Families. |
| Indicator (Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| Outcome | Participants will remain engaged in services. |
| Indicator (Year 1) | 60% of Participants will remain engaged in services for program duration. |
| (Year 2 & 3) | 70% of Participants will remain engaged in services for program duration. |

| | |
|---|---|
| Outcome | Participants will complete an individualized support plan. |
| Indicator (Year 1) | 60% of Participants will have completed an individualized support plan and achieved at least two goals identified in the plan. |
| (Year 2 & 3) | 70% of Participants will have completed an individualized support plan and achieved at least two goals identified in the plan. |

| | |
|---|---|
| Outcome | Participants will be provided a referral to a Recovery Community Centers. |
| Indicator (Year 1) | 60% of Participants will be referred to a Recovery Community Center. |
| (Year 2 & 3) | 70% of Participants will be referred to a Recovery Community Center. |

**Community Engagement/Recovery Ready Communities**

| | |
|---|---|
| Outcome | Communities will be resilient and recovery ready. |
| Indicator | Community-based initiatives will be facilitated in a minimum of 20 municipalities that will encourage the development of resilient and recovery ready communities by September 30, 2027. |

| | |
|---|---|
| Outcome | Increased resilience at the Community level. |
| Indicator | Communities will increase resilience factor scores by at least one (1) point, and reduce risk factor scores by at least one (1) point, as determined by an analysis of community resilience/ recovery indexing from baseline to next RCI assessment within the fiscal year. |

| | |
|---|---|
| Outcome | Improve the knowledge and perception about mental illness and substance use disorder, harm reduction. |
| Indicator | Individuals will improve knowledge and perception about mental illness and substance use disorder, and about harm reduction as evidenced by an increased score of at least 75% following training as measured by a pre-post assessment. |

**Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

| | |
|---|---|
| Outcome | Increase the number of Primary and Behavioral Health Providers utilizing SBIRT. |
| Indicator | Increase number of Providers utilizing SBIRT by a minimum of 20 from baseline survey in each of the fiscal years. |
| Indicator | 90% of individuals screened through SBIRT that have been identified as having risky substance use behaviors are referred for further assessment. |

**Community Drug Disposal**

| | |
|---|---|
| Outcome | Increase the number of unused prescription drugs collected in the fiscal year. |
| Indicator | Increase the number of pounds of unused prescription drugs collected by 10% from baseline in each fiscal year. |

| | |
|---|---|
| Outcome | Increase the number of collection sites. |
| Indicator | Increase the number of new collection sites by 10% from baseline in each fiscal year. |

**2. Deep-End Treatment Category**

Programs and services in the Deep-End Treatment Category shall address the following outcomes and performance measures:

***Women, pregnant and parenting women***

| | |
|---|---|
| Outcome | Increase resilience of women, pregnant and parenting women. |
| Indicator (Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| Outcome | Participants will complete an individualized treatment plan and an individualized recovery plan. |
| Indicator (Year 1) | 60% of Participants will have achieved at least two goals identified in a completed individualized treatment plan and an individualized recovery plan. |
| (Year 2 & 3) | 70% of Participants will have achieved at least two goals identified in a completed individualized treatment plan and an individualized recovery plan. |

| | |
|---|---|
| Outcome | Participants will remain engaged in services. |
| Indicator (Year 1) | 60% of Participants will remain engaged in services for program duration. |
| (Year 2 & 3) | 70% of Participants will remain engaged in services for program duration. |

| | |
|---|---|
| Outcome | Participants will be provided a warm hand-off to a Recovery Community Center. |
| Indicator (Year 1) | 60% of Participants will be provided a warm hand-off to a Recovery Community Center. |
| (Year 2 & 3) | 70% of Participants will be provided a warm hand-off to a Recovery Community Center. |

## FAA OUTCOMES

### 1. Support Services Category

Programs and services in the Support Services Category shall address the following outcomes and performance measures:

**Crisis Support - Mobile Crisis**

| | |
|---|---|
| Outcome | Individuals remain in the community. |
| Indicator | 60 % of Individuals who have received mobile crisis intervention have not received services for the same crisis within 90 days from the previous crisis intervention. |
| Indicator | % of Individuals receiving mobile crisis intervention who had their crisis resolved in the community. |

**Case Management / Care Coordination**

| | |
|---|---|
| Outcome | Participants will increase resilience. |
| Indicator | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| Outcome | Individuals will be successfully linked to services through care coordination in the fiscal year. |
| Indicator (Year 1) | 60% of Individuals will be successfully linked to services through care coordination through the Resource & Referral Portal. |
| (Year 2 & 3) | 70% of Individuals will be successfully linked to services through care coordination through the Resource & Referral Portal. |

**Peer Supports**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator (Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| Outcome | Participants will complete an individualized recovery plan. |
| Indicator (Year 1) | 60% of Participants will have achieved at least two goals identified in a completed individualized recovery plan. |
| (Year 2 & 3) | 70% of Participants will have achieved at least two goals identified in a completed individualized recovery plan. |

| | |
|---|---|
| Outcome | Participants will remain engaged in services. |
| Indicator (Year 1) | 60% of Participants will remain engaged in services for program duration. |
| (Year 2 & 3) | 70% of Participants will remain engaged in services for program duration. |

| | |
|---|---|
| Outcome | Participants will be provided a referral to a Recovery Community Center. |
| Indicator (Year 1) | 60% of Participants will be provided a referral to a Recovery Community Center. |
| (Year 2& 3) | 70% of Participants will be provided a referral to a Recovery Community Center. |

**Housing Supportive Services**

| | |
|---|---|
| Outcome | Individuals will remain stably housed for at least 6 months after receiving services. |
| Indicator (Year 1) | 40% of Participants will remain stably housed for at least 6 months after receiving services. |
| (Year 2 & 3) | 50% of Participants will remain stably housed for at least 6 months after receiving services. |

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator (Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

**Supportive Employment**

| | |
|---|---|
| Outcome | Individuals will be employed at least 6 months after receiving services. |
| Indicator (Year 1) | 50% of individuals will obtain employment at least 6 months after receiving services |
| (Year 2 & 3) | 60% of individuals will obtain employment at least 6 months after receiving services |

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator (Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

**Community-Based Treatment and Services Category**

Programs and services in the Community-Based Treatment and Services Category shall address the following outcomes and performance measures:

Outpatient Services (Counseling/Therapy Services, Non-Residential, Psychiatric care & Medication Management, Support groups, Medication Assisted Therapy)

**Outpatient (Counseling/Therapy) and Non-Residential Services**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator (Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| Outcome | Participants will complete an individualized treatment plan and an individualized recovery plan. |
| Indicator (Year 1) | 60% of Participants will have achieved at least two goals identified in a completed individualized treatment plan and an individualized recovery plan. |
| (Year 2 & 3) | 70% of Participants will have achieved at least two goals identified in a completed individualized treatment plan and an individualized recovery plan. |

| | |
|---|---|
| Outcome | Participants will remain engaged in services. |
| Indicator (Year 1 ) | 60% of Participants will remain engaged in services for program duration. |
| (Year 2 & 3) | 70% of Participants will remain engaged in services for program duration. |

| | |
|---|---|
| Outcome | Participants will be provided a warm hand-off to a Recovery Community Centers. |
| Indicator (Year 1) | 60% of Participants will be provided a warm hand-off to a Recovery Community Center. |
| (Year 2 & 3) | 70% of Participants will be provided a warm hand-off to a Recovery Community Center. |

**Non- Residential Services for Adolescents**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator | 60% of participants will improve resilience as evidenced by a 1 (one) point |

| | |
|---|---|
| (Year 1) | increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| Outcome | Participants will complete an individualized treatment plan and an individualized recovery plan. |
| Indicator<br><br>(Year 1) | 60% of Participants will have achieved at least two goals identified in a completed individualized treatment plan and an individualized recovery plan. |
| (Year 2 & 3) | 70% of Participants will have achieved at least two goals identified in a completed individualized treatment plan and an individualized recovery plan. |

| | |
|---|---|
| Outcome | Participants will remain engaged in services. |
| Indicator<br><br>(Year 1) | 60% of Participants will remain engaged in services for program duration. |
| (Year 2 & 3) | 70% of Participants will remain engaged in services for program duration. |

**Medication Assisted Therapy**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator<br><br>(Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| Outcome | Participants will comply with medication protocols when using MAT for at least 6 months. |
| Indicator | 70% of Participants will comply with medication protocols when using MAT programs for at least 6 months. |

**Psychiatric Care & Medication Management**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator<br><br>(Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year.. |

| | |
|---|---|
| Outcome | Participants will remain in the community for at least 6 months. |
| Indicator | 60% of Participants will remain in the community for at least 6 months. |

**Support Groups**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator<br><br>(Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

| | |
|---|---|
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

**In home- or On-site Day Treatment**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator<br><br>(Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

**Deep-End Treatment Category**

Programs and services in the Deep-End Treatment Category shall address the following outcomes and performance measures:

**Crisis Stabilization**

| | |
|---|---|
| Outcome | Participants will be successfully transitioned to an appropriate level of care. |
| Indicator<br>(Year 1) | 60% of Participants will successfully transition to an appropriate level of care. |
| (Year 2 & 3) | 70% of Participants will successfully transition to an appropriate level of care |

**Medical Detox**

| | |
|---|---|
| Outcome | Participants will be successfully transitioned to an appropriate level of care. |
| Indicator<br>(Year 1) | 60% will successfully transition to an appropriate level of care. |
| (Year 2 & 3) | 70% will successfully transition to an appropriate level of care. |

**In-patient/Residential Services for Young Adults and Adults**

| | |
|---|---|
| Outcome | Increase the resilience of Participants. |
| Indicator<br>(Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of Participants will increase their resilience factor scores by one (1) point and reduce their risk factor scores by at least one (1) point as determined by an analysis of individual resilience/ recovery indexing in each of the fiscal years. |

| | |
|---|---|
| Outcome | Participants will complete an individualized treatment plan and an individualized recovery plan. |
| Indicator | 60% of Participants will have achieved at least two goals identified in a |

| | |
|---|---|
| (Year 1) | completed individualized treatment plan and an individualized recovery plan. |
| (Year 2 & 3) | 70% of Participants will have achieved at least two goals identified in a completed individualized treatment plan and an individualized recovery plan. |

| | |
|---|---|
| Outcome | Participants will remain engaged in services. |
| Indicator (Year 1) | 60% of Participants will remain engaged in services for program duration. |
| (Year 2 & 3) | 70% of Participants will remain engaged in services for program duration. |

| | |
|---|---|
| Outcome | Participants will be provided a warm hand-off to a Recovery Community Center. |
| Indicator (Year 1) | 60% of Participants will be provided a warm hand-off to a Recovery Community Center. |
| (Year 2 & 3) | 70% of Participants will be provided a warm hand-off to a Recovery Community Center. |

**In-patient/Residential Services for Adolescents**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator (Year 1) | 60% of participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of Participants will increase their resilience factor scores by one (1) point and reduce their risk factor scores by at least one (1) point as determined by an analysis of individual resilience/ recovery indexing from baseline to the next RCI assessment within the fiscal year. |

| | |
|---|---|
| Outcome | Participants will complete an individualized treatment plan and an individualized recovery plan. |
| Indicator (Year 1) | 60% of Participants will have achieved at least two goals identified in a completed individualized treatment plan and an individualized recovery plan. |
| (Year 2 & 3) | 70% of Participants will have achieved at least two goals identified in a completed individualized treatment plan and an individualized recovery plan. |

| | |
|---|---|
| Outcome | Participants will remain engaged in services. |
| Indicator (Year 1) | 60% of Participants will remain engaged in services for program duration. |
| (Year 2 & 3) | 70% of Participants will remain engaged in services for program duration. |

## ADDITIONAL REQUIREMENTS FOR OSF AND FAA PROPOSALS

**Measurement Tools**

The RCI is expected to be utilized with the Young Adult and Adult population experiencing substance use and/or co-occurring disorders and should only be administered once the Individual is stable enough to be able to complete the Survey instrument.

**Outcomes**

Program Outcomes are required in the logic models. By submitting a proposal, the Applicant Agency agrees to address and measure the outcomes noted in this NOFO Guidance document. Additionally, Applicants are to provide at least one appropriate indicator per outcome in each proposal submitted.

**Data Collection and Tools**

Applicant Agencies serving individuals with Substance Use and Co-Occurring Disorders must agree to utilize and adhere to protocols for on-going use of the RCI to measure resiliency (recovery) capital.

Applicant Agencies serving Individuals are required to administer Satisfaction Surveys, at minimum, at the time of discharge. Survey results are to be reported on a rolling quarterly basis via email to the Grant Compliance Specialist for OSF and the Grants Coordinator for FAA.

Applicant Agencies are required to submit utilization and outcomes reports quarterly via email to the Grant Compliance Specialist for OSF and the Grants Coordinator for FAA and as an attachment to Agency's quarterly invoices.

Applicant Agencies are required to comply with State and County OSF reporting requirements. (**See Attachment 5**)

**Data Software**

Applicant Agencies applying for FAA funding will be required to enter data into the Client Management Information Services/ Homeless Management Information Services Software. Applicant Agencies who are currently using CARISK for the same program that they are applying for will be exempt from using the county data software.

Applicant Agencies applying for FAA or OSF funding will be required to register on the OSCARSS system and utilize the Resource & Referral Portal.

https://secure.co.palm-beach.fl.us/CommSvcLogin/Main/WelcomePage.aspx

**See SECTION VII – DEFINITIONS** for definitions of populations and key principles.

**Continuous Quality Management Projects**

Applicant Agencies applying for FAA funding will be required to submit a Continuous Quality Management Project. This CQM submission is not a scored section.

Quality Management is a systematic, structured, and continuous approach to meet or exceed established professional standards and user expectations. Quality management is implemented by using tools and techniques to measure performance and improve processes through three main components: quality infrastructure, performance measurement, and quality improvement.

Potential Proposals Topics

*Category- Support Services*

- Methods of improving participant resiliency using the RCI Tool

*Category- Community Based-Treatment Services*

- Methods of improving participant resiliency using the RCI Tool

*Category- Deep-End Treatment*

- Development of a Palm Beach County Deep-End Treatment Daily Bed Utilization

## SECTION II: PROPOSAL SUBMISSION

Applicants shall submit project applications, along with required supporting materials, through the CSD NOFO submission website, located at:

https://pbcc.samis.io/go/nofo/

All documents must be submitted by the deadline date and time per application instructions.

**Late applications will not be accepted or reviewed.**

Applicants must submit at least one (1) online application package to be considered for funding.

***Note*:** Proposals without a specified Subcategory under the Service Category will be considered non-responsive and will not be reviewed. Each Subcategory will be scored and ranked separately, within each Category using the accompanying OSF and FAA ranking guide(s). ( **See Attachment 6)**

### PUBLISH/RELEASE DATE

Friday, March 7, 2025 4:00 PM (NOON)EST

### DEADLINE DATE

Proposals, submitted through the online application website, must be completed and received by **12:00 PM (Noon) EST** on **Monday, April 7, 2025**. Proposals submitted after 12:00 PM. to the website will not be accepted or reviewed.

### TECHNICAL ASSISTANCE

CSD will hold a voluntary **Technical Assistance** for Applicants from 9:00 AM to 11:00 AM on **Wednesday, March 12, 2025** using WebEx (virtual Online). Please check the FAA website for changes to the meeting location.

https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m78269b65118e757dff39d75bcbc98927 [pbc-gov.webex.com]

Meeting number/Access Code: 2308 661 1924 Password: MtSWsU6jQ53

Join by phone: 1-844-621-3956 United States Toll Free
+1-904-900-2303 United States Toll

Members of the public who plan to attend the meeting in person are asked to notify CSD as soon as possible

by email at CSD-FAARFP@PBC.GOV .

Communication Media Technology (CMT) may be accessed at the following location, which is normally open to the public at 810 Datura Street, West Palm Beach, FL 33401, Basement Conference Room.

People wishing to attend in person may do so at 810 Datura Street, West Palm Beach FL 33401, Basement Conference Room.

Anyone interested in additional information may contact CSD by mail at 810 Datura Street, West Palm Beach, FL 33401, (ATTN: Financial Assisted Agencies) by email at CSD-FAARFP@PBC.GOV .

Also, those wishing to make public comments may contact CSD by sending your comments via traditional mail to CSD at 810 Datura Street, West Palm Beach, FL 33401, (ATTN: Financial Assisted Agencies) or email at CSD-FAARFP@PBC.GOV .

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

In accordance with the Americans with Disabilities Act (ADA), persons with disabilities requiring accommodations in order to participate in this public meeting can contact CSD-FAARFP@PBC.GOV no later than three (3) business days prior to such meeting.

Persons who require special accommodations under the ADA or persons who require translation services for a meeting (free of charge), please call (561) 355-4230 or email CSD-FAARFP@PBC.GOV at least five business days in advance. Hearing impaired individuals are requested to telephone the Florida Relay System at #711.

Technical assistance questions must be made in writing and emailed to CSD-FAARFP@PBC.GOV.

The deadline for submitting questions to CSD is 12:00 PM (Noon) EST on Friday, April 4, 2025, one (1) business day before the submission deadline.

All questions and answers are required to be made available for the public and all applicants for review at: https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx

This NOFO is issued, as well as any addenda, for the BCC by CSD.

### CONTACT PERSONS FOR OSF AND FAA

The contact person is CSD-FAARFP@PBC.GOV.

## SCHEDULE OF EVENTS/TIMELINE

**FY 2026 - 2028 OSF AND FAA NOFO TIMELINE**

| DATE | ITEM | RESPONSIBLE |
|---|---|---|
| **March 7, 2025** | OSF and FAA Behavioral Health NOFO Release Day – Released to the Public | CSD |

| | | |
|---|---|---|
| March 12, 2025 | Technical Assistance Conference<br>9:00 AM EST | CSD<br>Applicants |
| March 25, 2025 | Behavioral Health NOFO Reviewer Training<br>9:00 AM EST | CSD<br>Reviewers |
| April 4, 2025 | Final day to submit written questions<br>12:00 PM (Noon) EST | Applicants |
| **April 7, 2025** | **OSF and FAA NOFO PROPOSAL SUBMISSION DEADLINE – 12:00 PM (Noon) EST** | **Applicants** |
| April 7, 2025 | Cone of Silence Begins for OSF and FAA NOFO | CSD, Applicants, Reviewers, BCC |
| April 22, 2025 | Community Education and Engagement Subcategory: Recovery and Family Supports Review Panels' meeting to score and rank proposals | CSD<br>Reviewers |
| April 23, 2025 | Community Education and Engagement Subcategory: Resilient and Recovery Ready Communities, SBIRT, and Community Drug Disposal Review Panels' meeting to score and rank proposals | CSD<br>Reviewers |
| April 24, 2025 | OSF and FAA Deep-End Treatment: Inpatient Residential, Crisis Stabilization, Medical Detox, Inpatient/Residential Services Review Panels' meeting to score and rank proposals | CSD<br>Reviewers |
| April 25, 2025 | Support Services: Crisis Support (Mobile Services), Case Management/Care Coordination, Peer Support, Housing Supporting Services, Supportive Employment Panels' meeting to score and rank proposals | CSD<br>Reviewers |
| May 1, 2025 | Community-Based Treatment and Services: Outpatient Services, In-home or Onsite Day Treatment Panels' meeting to score and rank proposals | CSD<br>Reviewers |
| May 2, 2025 | Backup OSF and FAA NOFO PROPOSAL Review Panel Scoring and Ranking Session | CSD<br>Reviewers |
| May 2, 2025 | Staff reconciles review panel scoring, ranking, and funding availability to develop recommended allocations | CSD |
| May 8, 2025 | Staff posts scoring results on Webpage | CSD |
| May 8, 2025 | Presentation of OSF and FAA Funding Recommendations to CAC | CSD<br>CAC |
| May 18, 2025 | Final date to file a Funding Grievance | Applicants |
| July 8, 2025 | Presentation of FY 2026-2028 OSF and FAA Funding Recommendations to BCC for Approval | CSD<br>BCC |

| | | |
|---|---|---|
| September 9, 2025 | OSF and FAA Contracts Presented to the BCC for Approval (OSF start date on August 1, 2025, and FAA on October 1, 2025) | CSD<br>BCC |
| September 9, 2025 | Cone of Silence Ends for OSF and FAA NOFO | CSD, Applicants, Reviewers, BCC |

## EXPENSE OF PROJECT APPLICATION

All expenses incurred with the preparation and submission of proposals to the County, or any work performed in connection therewith, shall be borne by applicants. No payment will be made for proposals received or for any other effort required of or made by applicants prior to commencement of work as defined by an agreement approved by the BCC.

## PROJECT APPLICATIONS OPEN TO THE PUBLIC

Applicants are hereby notified that all information submitted as part of, or in support of, OSF and FAA applications will be available for public inspection in compliance with the Florida Public Records Act.

## ELIGIBILITY

Qualified entities submitting applications for OSF funding and FAA funding shall meet all statutory and regulatory requirements.

Applicants must be nonprofit organizations. For-profit and government entities are not eligible to apply for or to be subrecipients of OSF and FAA funds. All subrecipients must minimally meet the eligibility standards described below:

Nonprofit Applicants must:

- Hold current and valid 501(c)(3) status as determined by the Internal Revenue Service.
- Be chartered or registered with the Florida Department of State, have been incorporated for at least one agency fiscal year, and have provided services for at least six (6) months.
- Demonstrate accountability through the submission of acceptable financial audits performed by an independent auditor.
- Create a Vendor Registration Account OR activate an existing Vendor Registration Account through Palm Beach County Purchasing Department's Vendor Self Service (VSS) system, which can be accessed at:
  https://pbcvssp.co.palm-beach.fl.us/webapp/vssp/AltSelfService.
- Maintain contractual liability insurance substantially similar to the terms listed in **Attachment 14: INSURANCE**, if awarded funding.
- For FAA funding, Agencies shall hold accreditation or be in the process of accreditation from Nonprofits First or demonstrate that they are exempt due to having an alternative professional accreditation or Certification (i.e., Joint Commission Accreditation, CARF Certification, etc.).
- For OSF funding, Agencies are strongly encouraged to hold accreditation from Nonprofits First or demonstrate that they are exempt due to having an alternative professional accreditation or Certification (i.e., Joint Commission Accreditation, CARF Certification, etc.).

## CONE OF SILENCE

**This NOFO includes a Cone of Silence.** The Cone of Silence will apply from the date the NOFO is due back to the department, which is **April 7, 2025**, until the final OSF and final FAA contract agreements (approximately September 9, 2025) are approved by the BCC.

All parties interested in submitting a proposal are hereby advised of the following:

**Lobbying - Cone of Silence**

Applicants are advised that the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance) is in effect. A copy of the Ordinance can be accessed at:

http://discover.pbcgov.org/legislativeaffairs/Pages/Lobbying_Regulations.aspx

Applicants shall read and familiarize themselves with all of the provisions of said Ordinance, but for convenience, the provisions relating to the Cone of Silence have been summarized here**.**

**"Cone of Silence" means a prohibition on any non-written communication regarding this NOFO between any Applicant/Respondent or Applicant's/Respondent's representative and any County Commissioner or Commissioner's staff, any member of a local governing body or the member's staff, a mayor or chief executive officer that is not a member of a local governing body or the mayor or chief executive officer's staff, or any employee authorized to act on behalf of the commission or local governing body to award a contract.**

An Applicant's representative shall include but not be limited to the Applicant's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Applicant.

The Cone of Silence is in effect as of the submittal deadline. The provisions of this Ordinance shall not apply to oral communications at any public proceeding, including technical assistance conferences, and contract negotiations during any public meeting. The Cone of Silence shall not apply to contract negotiations between any employee and the intended awardee and any dispute resolution process following the filing of a protest. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, when all proposals are rejected, or when an action is otherwise taken that ends the solicitation process.

## SECTION III: SCOPE OF SERVICES

### ANTICIPATED TERMS OF SERVICE

| | |
|---|---|
| OSF Funding Term: | August 1, 2025, for 14 months, automatically renewable for up to two (2) additional 12-month period. |
| OSF Start Date: | August 1, 2025 |
| OSF End Date: | September 30, 2028 |
| FAA Funding Term: | October 1, 2025, for 12 months, automatically renewable for up to two (2) additional 12-month period. |
| FAA Start Date: | October 1, 2025 |
| FAA End Date: | September 30, 2028. |

All contracts are contingent upon annual appropriations and approval by the BCC.

## TERMS AND CONDITIONS

1. **Proposal Guarantee**
   Proposer guarantees their commitment, compliance and adherence to all requirements of the NOFO for both funding sources by submission of their proposal.

2. **Modified Proposals**
   Proposer may save any unfinished on-line proposal and continue to modify the proposal until the proposal is submitted. Once submitted, the proposal is final and can no longer be modified.

3. **Late Proposals, Late Modified Proposals**
   Proposals and/or modifications to proposals submitted after the deadline are late and will not be considered.

4. **Palm Beach County Office of the Inspector General Audit Requirements**
   Palm Beach County has established the Office of the Inspector General in Palm Beach County under Article XII, Section 2-422, as may be amended, to provide independent oversight of County and Municipal operations (Article XII, Section 2-423). It also has the authority to detect and prevent fraud, waste, mismanagement, misconduct, and other abuses by elected and appointed officials and employees, agencies and instrumentalities, contractors, their subcontractors and lower tier subcontractors, and other parties doing business with the county or a municipality and/or receiving county or municipal funds. Its aim is to promote economy, efficiency and effectiveness in government and conduct audits and investigations of, require production of documents from, and receive full and unrestricted access to the records.

   The Inspector General has the power to subpoena witnesses, administer oaths and inspect the activities of the AGENCY, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud. Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code 2-421 through 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

5. **Commencement of Work**
   The County's obligation will commence when the contract is approved by the Board of County Commissioners or their designee and upon written notice to the proposer. The County may set a different starting date for the contract. The County will not be responsible for any work done by the proposer, even work done in good faith, if it occurs prior to the contract start date set by the County.

6. **Non- Discrimination**
   The County is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017-1770, as may be amended, the Applicants warrants and represents that throughout the term of the Agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity or expression, or genetic information. Similarly, Applicant shall comply with all laws prohibiting discrimination in the solicitation, selection, hiring or commercial treatment of sub-contractors, vendors, suppliers, or

commercial customers. Applicant shall not retaliate against any person for reporting instances of such discrimination.

The Applicant shall provide equal opportunity for sub-contractors, vendors and suppliers to participate in all of its public sector and private sector sub-contracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the County's relevant marketplace in Palm Beach County. The Applicant understands and agrees that a material violation of this clause shall be considered a material breach of the agreement and may result in termination of the agreement, disqualification or debarment of the company from participating in County contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. Applicant shall include this language in its sub-contracts. Failure to meet this requirement shall be considered default of the Agreement.

Additional terms and conditions will be included in the program agreement and are contained on the CSD website, which will apply to both OSF and FAA funding. Any special terms that will differ for OSF agreements will be specifically noted.

**7.** The **FAA Standard Terms and Conditions** are located at:

http://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx

**8.** OSF funding requires compliance with 2 CFR Part 200 and County requirements.

**9. Required Elements for Proposals**

All proposals must:

- Incorporate and demonstrate alignment with Palm Beach County's Resilience and Recovery Ecosystem approach to Behavioral Health and Substance Use Disorder Care.
- Demonstrate that your organization conducted a crosswalk and mapping of the 2024 Plan's overarching priority and opioid settlement recommendations; opioid settlement fund core strategies and approved uses; SDoH categories; and RCI indicators with standards, outcomes and measures as part of the preparation of your proposal for submission. (See **Attachment 5**)
- Demonstrate integration of SAMHSA's best practice guides, including standards and evaluation of process and program outcomes. Proposals shall include what is being measured, the standards for measuring and short and long-term program outcomes. (**See Attachment 4**)
- Demonstrate how resilience will be measured and improved.
- Agree to participate in the County's *Shaping A Healthier Palm Beach County*, a health campaign.
- Agree to participate and cooperate in research related to initiatives.
- Comply with State and Local reporting requirements.
- Comply with Opioid Settlement State and County reporting requirements.

Additionally, all proposals shall be:

- Scalable
- Data-driven
- Incorporate and integrate into planning SAMHSA's definition of Recovery and the four (4)

major dimensions that support a life in recovery

- Include Multisystemic Resilience Factors in the description of the proposal and how these factors will be integrated during implementation:
    - Sensitive caregiving, close relationships, social support
    - Sense of belonging, cohesion
    - Self-regulation, family management, group or organization leadership
    - Agency, beliefs in system efficacy, active coping
    - Problem-solving and planning
    - Hope, optimism, confidence in a better future
    - Mastery motivation, motivation to adapt
    - Purpose and a sense of meaning
    - Positive views of self, family, or group
    - Positive habits, routines, rituals, traditions, celebrations

**10. Scoring and Ranking**

Qualified entities are invited to submit applications to provide OSF and/or FAA services to Palm Beach County residents. The Review Panel will rank all proposals based on how critical they deem the program is for the ecosystem of care and how responsive it is to the requirements that have been outlined in this NOFO. The SCORE awarded to a proposal is reflective of how competitive the proposal is. (**See Attachment 6**)

## SECTION IV: CONTENTS OF PROPOSAL AND INSTRUCTIONS

The NOFO Guidance as well as additional resources and information are available at:

http://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx

http://discover.pbcgov.org/BusinessOpportunities/Pages/default.aspx

Paper copies are available upon request.

The OSF & FAA FY 2026-2028 Application and NOFO Guidance is for reference purposes only as the proposal must be submitted through the CSD NOFO Application Submission website.

Except where noted, all agencies applying for OSF funds must complete and submit all items listed below. All agencies applying for FAA funds must complete and submit all items listed below.

The deadline for application package submission is **Monday, April 7, 2025 at 12:00 PM (Noon) EST**. In order to be considered for funding, Application Packages must be timely submitted on the CSD NOFO Application Submission Website: https://pbcc.samis.io/go/nofo/

Applications may be revised prior to final submission; however, once a proposal is submitted it cannot be changed.

If it is not submitted, it cannot be considered.

Applications must be:

- Written in plain language in a narrative that fully addresses all questions in the OSF FY 2026-2028
- Application and NOFO Guidance.
- Understandable to people unfamiliar with the agency or its area of expertise.
- Specifically address the funding priorities set out in this NOFO.

Please refer to this OSF FY 2026-2028 NOFO Guidance for further description or definitions.

OSF Review Panel meetings, during which the Panel will review and score all applications, are scheduled as follows. End times for the meeting is dependent on the number of applications received. Please check the CSD website for changes to the meeting location. Please note that although a webex link is provided, reviewers are expected to be physically present at 810 Datura Street, in either the Basement Conference Room or the Second Floor Human Services Conference Room. Members of the public are strongly encouraged to attend in person as well. There will be no time set aside for Public Comment at the proposal review sessions; however, members of the public are welcome to hear the review teams discuss the proposals.

**OSF Review Panels**

**Recovery Supports and Community Education and Engagement**
**Day 1, April 22, 2025 (9:00 am to 4:00 pm)**
**CSD's Basement Conference Room and Virtual**

- Recovery Supports
- Family Supports

View the FAA Website for the Virtual Meeting link:
https://discover.pbcgov.org/communityservices/financiallyassisted/pages/rfp.aspx

**Community Education and Engagement**
**Day 2, April 23, 2025 (9:00 am to 4:00 pm)**
**CSD's Basement Conference Room and Virtual**

- Resilient and Recovery-Ready Communities
- Screening, Brief Intervention, Refer to Treatment **(**SBIRT)
- Community Drug Disposal

View the FAA Website for the Virtual Meeting link:
https://discover.pbcgov.org/communityservices/financiallyassisted/pages/rfp.aspx

**OSF and FAA Deep End Treatment (Day 3)**
**April 24, 2025 (9:00 am to 4:00 pm)**

OSF Deep End:
- Inpatient Residential

FAA Deep End:
- Crisis Stabilization
- Medical Detox

- Inpatient/Residential Services

**CSD's Basement Conference Room**

View the FAA Website for the Virtual Meeting link:
https://discover.pbcgov.org/communityservices/financiallyassisted/pages/rfp.aspx

**FAA Review Panels**

**Support Services (Day 4)**
**April 25, 2025 (9:00 am to 4:00 pm)**
- Crisis Support (Mobile Crisis)
- Case Management/Care Coordination
- Peer Support
- Housing Supportive Services
- Supportive Employment

**CSD's Basement Conference Room**

View the FAA Website for the Virtual Meeting link:
https://discover.pbcgov.org/communityservices/financiallyassisted/pages/rfp.aspx

**Community-Based Treatment and Services Category (Day 5)**
**May 1, 2025 (9:00 am to 4:00 pm)**
- Outpatient Services
- In-home or Onsite Day Treatment

**CSD's Basement Conference Room**

View the FAA Website for the Virtual Meeting link:
https://discover.pbcgov.org/communityservices/financiallyassisted/pages/rfp.aspx

**Backup OSF and FAA NOFO Review Panel Scoring and Ranking Session (Day 6)**
**May 2, 2025 (9:00 am to 4:00 pm)**
- Outpatient Services
- In-home or Onsite Day Treatment

**CSD's Basement Conference Room**

View the FAA Website for the Virtual Meeting link:
https://discover.pbcgov.org/communityservices/financiallyassisted/pages/rfp.aspx

Members of the public who plan to attend the meeting in person are asked to please notify CSD as soon as possible at CSD-FAARFP@PBC.GOV.

Communication Media Technology (CMT) may be accessed at the following location, which is normally open to the public at 810 Datura Street, West Palm Beach, FL 33401, Basement Conference Room.

**People wishing to attend in person may do so at 810 Datura Street, West Palm Beach FL 33401, Basement** Conference Room or **2nd Floor Human Services** Conference Room as noted above.

Anyone interested in additional information may contact CSD by mail at 810 Datura Street, West Palm Beach,

FL 33401, by email at CSD-FAARFP@PBC.GOV.

Also, those wishing to make public comments may contact CSD by sending your comments via traditional mail to CSD at 810 Datura Street, West Palm Beach, FL 33401, or email at CSD-FAARFP@PBC.GOV.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

In accordance with the Americans with Disabilities Act (ADA), persons with disabilities requiring accommodations in order to participate in this public meeting can contact CSD-FAARFP@PBC.GOV or call (561) 355-4230 no later than three (3) business days prior to such meeting.

Persons who require special accommodations under the ADA or persons who require translation services for a meeting (free of charge), please call (561) 355-4230 or email CSD-FAARFP@PBC.GOV at least five business days in advance. Hearing impaired individuals are requested to telephone the Florida Relay System at #711.

**FY 2026 - 2028 OSF & FAA NOFO APPLICATION COMPONENTS**

****START A NEW APPLICATION – DO NOT USE AN OLD ONE****

**Proposal**

**Federal ID Agency Name**

**Doing Business As (DBA)**
Please indicate name(s) by which agency is known or does business.

**Address City State Zip Code NOFO/ RFP Additional Editors Program Name**

**OSF and/or FAA Required FY 2026 - 2028 Cover Sheet**
Click to download the REQUIRED **OSF FY 2026 - 2028 Cover Sheet Template.** See **Attachment 8**.
Please upload once you have completed the form.

Please upload your document in the same format as the template: **.doc** OR **.docx**
Please name your document as such: ***(Agency Name or Initials)*CoversheetFY26**

**NOFO Information Document**
Click to download the **FY 2026 - 2028 OSF Behavioral Health, Substance Use and Co-Occurring Disorders NOFO Guidance** document for reference throughout the application.

**General Contact Information**

**CEO/Executive Director Name and Title CEO/Executive Director Email**
**Agency Contract Person Name and Title Agency Contract Person Phone**
**Agency Contract Person Email**

**Total Funding Amount Requested**
Please enter total funding amount across all service categories that you are requesting.

**Total People Expected to Serve**
Please enter total number of unduplicated people expected to be served with the funding requested.

**Internal Control Questionnaire**
Click to download the REQUIRED **Internal Control Questionnaire**. Please upload once you have completed the form. (**See Attachment 9**)

Please upload your document in the same format as the template: **.doc** OR **.docx**
Please name your document as such: ***(Agency Name or Initials)*****InternalControl**

**Policies and Procedures**
Please upload your agency's policies and procedures.

Please upload your document in the same format as the template: **.doc** OR **.docx**
Please name your document as such: ***(Agency Name or Initials)*****Policies**

**Performance Improvement Plan (2000 Characters)**
Please describe how your agency responds to requests for a performance improvement plan.

**OSF & FAA FY 2026-2028 Behavioral Health Substance Use and Co-Occurring Disorders Application**

**1. Select the Funding Source**
- A. Opioid Settlement Funds (OSF)
- B. Financially Assisted Agency (FAA)

**2. Select the Category**
- A. Opioid Settlement Funds (OSF)
  1. Recovery Supports
  2. Community Education and Engagement Category
  3. Deep-End Treatment Category

- B. Financially Assisted Agency (FAA)
  1. Peer Support Services Category
  2. Community-Based Treatment and Services Category
  3. Deep-End Treatment Category

**3. Select the Program Sub Category**
- A. OSF – Recovery Supports

- B. OSF- Community Education and Engagement Category (specify type)
  1. Family Supports

2. Community Engagement/Recovery Ready Communities
3. SBIRT
4. Community Drug Disposal

C. OSF- Deep-End Treatment Category (specify type)
    1. Women, pregnant and parenting women

D. FAA- Support Services Category (specify type)
    1. Crisis Support (i.e. Mobile Support)
    2. Case Management / Care Coordination
    3. Peer Supports
    4. Housing Supportive Services
    5. Supportive Employment

E. FAA- Community-Based Treatment and Services Category (specify type)
    1. Outpatient Services (Counseling/Therapy Services, Non-Residential (includes adolescents aged 15-18), Psychiatric care & Medication Management, Support groups, Medication Assisted Therapy)
    2. In-home or Onsite Day Treatment

F. FAA- Deep-End Treatment Category (specify type)
    1. Crisis Stabilization
    2. Medical Detox
    3. Inpatient / Residential Services

**4. Focus Population(s) to be served**

Select All that Apply:

1. OSF: Young Adults, Adults, Families
2. FAA:
    a. Support Services and Community-Based Treatment and Services: Young Adults, Adults, Families
    b. Deep-End Treatment: Adolescents, Young Adults, Adults, Families

**5. Focus Population (3000 Characters)**

Define the population you intend to serve and why you are best suited to serve this population (s), including any prioritized populations as noted in the NOFO. Discuss how your proposal will address the unique needs of this population.

**6. Use of Funding**

Is this funding being used for the following?

a. Match Funding to state or federal funding
b. Medicaid Supplement/GAP
c. Other Funding Source
d. None

**7. Participant Eligibility (3000 Characters)**

Describe your criteria and screening process for participant eligibility (i.e., socio-economic, insured/uninsured status, etc.).

**8. Geographic Location (3000 Characters)**

Will your program focus on specific geographic locations within Palm Beach County. If so, specify location (i.e. town, zip code, community, neighborhood) and why this location is your organization's focus for the

proposal.

## I. Program Implementation and Design (40 Points)

**Overarching Principles**
Please respond to the following questions. Consider the overarching principles discussed in this NOFO Guidance Document and the area of focus the proposal seeks to address.

**Program Narrative**

**9. Proposed Program (10,000 Characters)**
Describe the proposed program.

**10. System of Service Delivery (15,000 Characters)**
Describe in detail the proposed system of care and how the service fits within the person centered recovery oriented ecosystem of care.

**11. Evidence-Based, Evidence Informed and/or Promising Practices and Tools (10,000 Characters)**
Describe any evidence-based practices, evidence-informed approaches and/or promising practices, as well as specific measurement tools and/or strategies you intend to utilize in the implementation and evaluation of the program.

**12. Alignment with Principles (6000 Characters)**
Identify how your proposed activities align with SAMHSA's definition of Recovery and CDC's social determinants of health.

**13. Alignment with crosswalk integrating BHSUCOD Advisory Committee's recommendations, SDOH, core strategies, approved uses and standards, outcomes and measures. (10,000 characters)**
Describe and/or demonstrate how you utilized the crosswalk to develop your proposal. (**See Attachment 2**).

**Program Implementation**

**14. Person-Centered resiliency and recovery oriented ecosystem of care (8,000 Characters)**
Describe your experience providing services within a person-centered, resiliency and recovery oriented ecosystem of care, as applicable.

**15. Resiliency (Recovery) Capital Index (RCI) (8,000 Characters)**
Describe how your proposal will incorporate the RCI, which is required for programs serving Individuals with substance use, behavioral health and/or co-occurring disorders, as applicable.

**16. Individual, Family and Community (10,000 Characters)**

(A) For proposals addressing individual, family, and/or community resilience: describe with detail what strategy/strategies will be utilized; why the strategy/strategies were selected, and what outcomes are expected.

(B) Describe the menu of services that will be available including but not limited to:

- the intended beneficiary/beneficiaries of the services/supports
- strategies for addressing family members and members of the community that are not direct recipients of services/supports
- strategies for outreach and engagement

**17. Recovery Supports (10,000 Characters) if applicable**

Identify the types of supports that you will have available for participants and explain why these were

chosen, as well as, expectations of benefits to participants.

**18. Program Assessment (12,000 Characters)**

Describe any tools/assessments your agency intends to use for this proposal, as well as the frequency and manner in which they will be employed. Include what standards will be used, what outcomes are expected to be measured and how, and describe your plan(s) to measure outcomes and proposal effectiveness. Also, identify and describe any formative and summative evaluation methods you plan to use as well as how evaluation results will be utilized during implementation of the proposed program.

**Collaborations and Partnerships**

**19. Collaborations and Partnerships (6000 Characters)**
If your proposal involves collaborating or partnering with other organizations, please identify the organizations with which Applicant's organization will collaborate or partner.

Describe how and on what aspects of your proposal's implementation you intend to collaborate or partner with another organization or entity.

For Collaborations or Partnerships of this nature upload Letters of Support that explain the collaborative relationship.

Please upload your document in the same format as the template: **.pdf**
Please name your document as such: ***(Agency Name or Initials)*****COLLABORATION** or ***(Agency Name or Initials)*****PARTNERSHIP**, as applicable.

**20. MOU/ MOA Description (6,000 Characters)**
If your proposal involves formal Memoranda of Understanding (MOU) or Memoranda of Agreement (MOA) please identify the organization with which you have or will enter into a MOU or MOA. Also, provide an overview that describes how and on what aspects of your proposal the MOU or MOA affects.
For Applications with formal partnerships, upload MOUs or MOAs.
Please upload your document in the same format as the template: **.pdf**
Please name your document as such: ***(Agency Name or Initials)*****MOU/MOAs**

**21. Program Barriers (6,000 Characters)**
Describe any barriers you anticipate in implementing your proposal. Describe your plan to address these barriers or other anticipated challenges. State if no barriers or challenges are anticipated.

**II. Evaluation Approach (40 Points)**

**22. Evaluation Methods (10,000 Characters)**
Describe the evaluation methods and activities for your proposed program. Include data collection methodologies, approach to analysis, integration of data from the RCI, and how data will be used to inform any modifications in activities, services and/or treatment. If your program has plans to utilize any specific tools, provide a copy of the tools, any underlying research and your plan for utilizing any such tools (including maintaining fidelity, timing, frequency, evaluating and changing course if outcomes are not what you are expecting or participants are not benefitting from the program's deliverables, etc.).

**23. Data Collection (5,000 Characters)**
Identify how you will collect data, including the frequency of collection, types of data and how you will use

the data on an on-going basis.

**24. Data Utilization (4,000 Characters)**
Provide an example of how you will use data to plan with Individuals to improve outcomes.

**25. Logic Model**
Click to download the ROMA Plan/Logic Model template. Please upload once you have completed the form. (**See Attachment 10**)

a. Ensure outcomes are (specific, measurable, achievable, realistic, time bound).
b. Ensure outcomes are reflective of the required outcomes stated in the OSF NOFO Guidance.
   **i.** Please upload your document in the same format as the template: **doc** OR **.docx**
   **ii.** Please name your document as such: ***(Agency Name or Initials)*ROMALM_FY26**

**26. Continuous Quality Management/Improvement (Not scored)**

Click to download the CQM template. Please upload once you have completed the form. (**See Attachment 11**)

**III. Organizational Capacity (15 Points)**

**27. Key Personnel (5,000 Characters)**
Describe the roles and responsibilities of key program personnel. Include whether these personnel are on staff or will need to be hired for these key positions. Additionally, if applicable, identify and describe the roles and responsibilities your project partners play.

**28. Trainings (4000 Characters)**
Describe current or planned efforts the proposed program staff may have receive the following training opportunities and how they may be incorporated into service delivery:

- RCI training
- Trauma-Informed Care (TIC), Adverse Childhood Experiences (ACEs), Motivational Interviewing (MI) training
- Cultural Competency/Humility Training

**29. Co-Occurring Disorders (8,000 Characters)**
Describe prior and/or planned efforts to ensure service delivery encompasses simultaneously addressing individuals with co-occurring (both substance abuse and mental illness) disorders and the results of these efforts.

**30. Coordinated Care (4,000 Characters)**
Describe how you will incorporate coordinated care.

**31. No Wrong Door (5,000 Characters)**
Describe in detail how Applicant will ensure that a No Wrong Door Approach is built into the proposal and implemented to effectively reduce and remove obstacles and barriers for receiving the type of help when, where and how it is needed. (As applicable)

**32. Warm Hand-Offs (6,000 Characters)**
Describe how your proposal will ensure that individuals receive warm hand-offs to others. (As applicable)

**33. Population Expertise (4,000 Characters)**

Explain why your organization and your project partners, if applicable, are the appropriate entities to address the needs for the population you propose to serve. Include your experience with the specific population.

**34. Agency Experience (8,000 Characters)**
Describe the experience and expertise of your organization and your project partners, if applicable, in successfully implementing and sustaining projects of similar scope and size. Include data and how your organization and project partners define and measure success.

**Program History**

**35. Prior Outcomes (4,000 Characters)**
Discuss prior outcomes and other relevant data that demonstrate success you have had in the provision of the services in this proposal.

*Note*: Additional performance history may be provided to the Review Panel by CSD staff. If the program has no history with the County, points may be given based on the Review Panel's knowledge of the program/agency.

**36. Monitoring (5,000 Characters)**
Discuss experience of prior program monitoring, including FAA and other funder monitoring and reports. Identify any findings that were made, program response to findings, and how they were addressed.

**37. Nonprofit First Certification**
Is Agency accredited by Nonprofits First or another Accreditation body?
Select: Yes or No

**38. Accreditation and Certification**
Please upload your Nonprofit First Accreditation Certificate or other Accreditation from an established accreditation entity.

- **a.** Please upload your document in the same format as the template: .**pdf**
- **b.** Please name your document as such: ***(Agency Name or Initials)*****Certifications**

**Available Resources and Sustainability**

**39. Community Resources (4,000 Characters)**
Identify any programs or services in the community that can support your project. Provide a brief explanation of what kind(s) of support can be provided. Identify if other programs or services noted here will be involved as a collaborator, partner or in some other capacity.

**40. Referrals (4,000 Characters)**
What are the plans to refer individuals to a recovery community organization/recovery community center and/or other service organizations, if applicable?

**41. Program Sustainability (5,000 Characters)**
Describe how your organization will continue to address this need or solve this problem when this OSF funding period ends. Describe how awarded funds will allow you to leverage additional dollars and/or expand programs. Additionally, describe your organization's continuity and succession plans.

## IV. Budget (5 Points)

### 42. FY 2026 Proposed Program Budget

a. Complete proposed program budget using the template provided in the online application. Review the "sample" and "guidelines" tabs provided before completing the template. Ensure the requested fund justifications are complete.
b. Ensure OSF administration expenses are limited to 5% and FAA administrative expenses are limited to15%. The Budget Justification must be thoroughly completed. (Please describe in detail each of the line items requested in the budget. Employee positions should include brief descriptions of their duties in the program). If you are charging an indirect/administrative cost rate, then you must remove any other line items related to indirect/administrative expenses. If an indirect cost rate is being requested, an approved cost plan from a cognizant agency must be included.
c. Ensure requested FAA funding is not more than 25% of the Total Agency Budget.

Click to download the REQUIRED **FY 2026 Budget Worksheet Template**. (**See Attachment 12**) Please upload once you have completed the form.

**i.** Please submit budget in one of the following formats: **.xls** OR **.xlsx**
**ii.** Please name your budget as such: ***(Agency Name or Initials)*****Budget_FY26**

### 43. Total Agency Budget

The Total Agency Budget must be attached to the proposal. The Budget forms that are part of the proposal do not need to be utilized for this budget as it can be in any form, but it should include all agency funding sources as well as expenditures by program.

**a.** Please submit Total Agency Budget in one of the following formats: **.pdf** OR **.xls** OR **.xlsx**
**b.** Please name your Total Agency Budget as such: ***(Agency Name or Initials)*****TAB_FY26**

### 44. Audit Report

Submit most recent audit report. If there were findings, describe corrective actions and whether such corrective actions successfully resolved the findings.

**a.** Please submit Audit Report in the following format: **.pdf**
**b.** Please name your Audit Report as such: ***(Agency Name or Initials)*****Audit_FY*****(Year of most recent audit)*****.pdf**

### 45. Audit Report Corrective Actions Explanation (5000 Characters)

Please provide any Audit Report Corrective Actions Explanation, if applicable.

### 46. Year End Financials

Submit Year-End Financial Statements. If not submitted explain why.

**a.** Please submit Year-End Financial Statements in the following format: **.pdf**
**b.** Please name your Year-End Financial Statements as such: ***(Agency Name or Initials)*****YEFS_FY20____**

**47. IRS Form 990**
Submit IRS Form 990. If not submitted explain why.

- **a.** Please submit IRS Form 990 in the following format: **.pdf**
- **b.** Please name your IRS Form 990 as such: ***(Agency Name or Initials)*IRS990_FY24**

**48. YEFA/IRS 990 Explanation (1000 Characters)**
Please provide any Year End Financials/IRS Form 990 explanation, if applicable.

**49. Unit Cost (4000 Characters)**
Submit proposed Unit Cost service description and unit cost of service rate. (Is this an industry standard? If so, please state source)

Ensure both the unit cost service description and cost rate are clear and accurately calculated. Formulas used to arrive at the cost rate must be included.

**50. OSF Funding**
Is OSF funding being used to replace another funding source? If yes, please explain and identify other funding source that OSF is replacing.

## V. Scope of Work (No Points)

This section will be used to develop your contract agreement if your program is funded. These items will be monitored by contract monitors.

**51. Scope of Work (SOW) Template**

Click to download the REQUIRED **FY 2026 Scope of Work Template**. ( **See Attachment 13)**
Please upload once you have completely filled it out.

- **a.** Please submit SOW in one of the following formats: **.doc** OR **.docx**
- **b.** Please name your SOW as such: ***(Agency Name or Initials)*SOWFY26**

**52. Target Population (200 Characters)**
Briefly explain your target population.

**53. Overview (400 characters or less)**
Please provide a brief overview of the proposed program.

**54. Services (1000 Characters)**
List in bullet points the services you will be providing to participants.

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## SECTION V: APPLICATION REVIEW PROCESS

The application review process is welcoming to persons with disabilities, persons who have experienced Behavioral Health, Substance Use or Co-Occurring disorders, and persons with limited English proficiency. If you need any accommodations, please contact CSD-FAARFP@PBC.GOV.

- CSD shall recruit OSF and FAA Review Panel members.
- Review Panel members shall be trained, as appropriate, and receive submitted applications.
- Applications for OSF and FAA funding shall be reviewed, discussed, scored, and ranked by the Review Panels.
- Applications for OSF and FAA Deep End Service Categories shall be reviewed, discussed, and scored by the Review Panel
- Applications for FAA shall be reviewed, discussed, scored, and ranked by the Review Panels.
- Funding recommendations are posted to the CSD website once all proposals are scored and ranked.
- Applicant(s) have ten (10) business days following the posting of funding recommendations to file a grievance notice.
- Funding recommendations are submitted to the BCC for final approval.
- Contract agreements, based on the funding recommendations, are submitted to the BCC for final approval.

## SECTION VI: GRIEVANCE NOTICE FORM

### Grievance Notice Form
### Palm Beach County Community Services Department - OSF and FAA BHSUD NOFO

Grievances may be filed by an entity submitting a NOFO (Proposer) that is aggrieved in connection with deviations from the established PROCESS for reviewing proposals and making recommended awards. The amount of recommended awards may not be grieved through this procedure.

If you wish to file a grievance with the Palm Beach County Community Services Department, this Grievance Notice Form must be completed, submitted, and received by the Director of the Community Services Department within seven (7) business days of posted funding recommendations. You will receive a written response within fifteen (15) business days of the receipt of this form by the Director of the Community Services Department. There is no administrative fee associated with filing this grievance.

When completed, submit this Grievance Notice Form via mail or email to:

Dr. James Green, Director Community Services Department
810 Datura Street, First Floor, West Palm Beach, Florida 33401
JGreen1@pbc.gov

Entity Filing Grievance: _____

Which process was allegedly deviated from? _____

Describe in detail the alleged deviation; include how you were directly affected and what remedy you seek (add additional pages as needed):

_____

_____

_____

What remedy does the applicant seek?

_____

_____

_____

| | |
|---|---|
| _____ | _____ |
| Authorized Agency Representative Name and Title | Agency Filing Grievance |
| _____ | _____ |
| Authorized Agency Representative Signature | Date |

## SECTION VII: DEFINITIONS

**Adults** – Individual(s) over the age of 25.

**Adolescents** - Individual(s) ages 15 to 18. For FAA funds, the only Category applicable to adolescents is Deep-End Treatment Non-Residential Services.

**Community-Based Treatment and Services –** Services that include outpatient individual therapy, outpatient group and/or family therapy, medical, Medication-Assisted Treatment (MAT), in-home or on-site day treatment.

**Comprehensive Opioid, Stimulant, and Substance Use Program** (**COSSUP) -** Palm Beach County's COSSUP was a federal Department of Justice research grant funded program in partnership with Florida Atlantic University. Its primary focus was on achieving housing stability for criminal justice involvement individuals at high risk of overdose, given its key predictive value in achieving long-term recovery outcomes. It expedited peer support services and provided care coordination, housing and flex fund supports through a recovery capital framework which has been demonstrated as efficacious in building personal capital, achieving housing stability, and a reduction in recidivism for justice-involved persons.

**Deep-End Treatment** – Services that include crisis stabilization; detox; inpatient; residential, including residential levels 1, 2, and 4, room and board levels 2 and 3.

**Families -** A collective body of persons, consisting of a child and a parent, legal custodian, or adult relative, in which the persons reside in the same house or living unit; or the parent, legal custodian, or adult relative has a legal responsibility by blood, marriage, or court order to support or care for the child.[2] Services given to a family includes two or more individuals.

**No Wrong Door** – "No Wrong Door" in the context of substance use, behavioral health and co-occurring disorders systems refers to a service delivery approach where individuals seeking help can access appropriate services regardless of where they enter the system. The system is designed to be person centered, focusing on the needs of the individual rather than the capabilities or constraints of the service provider. It aims to reduce barriers to treatment by ensuring that the burden of navigating complex systems does not fall on the individual seeking help. Also, it aligns with broader public health strategies that advocate for comprehensive, integrated care models.

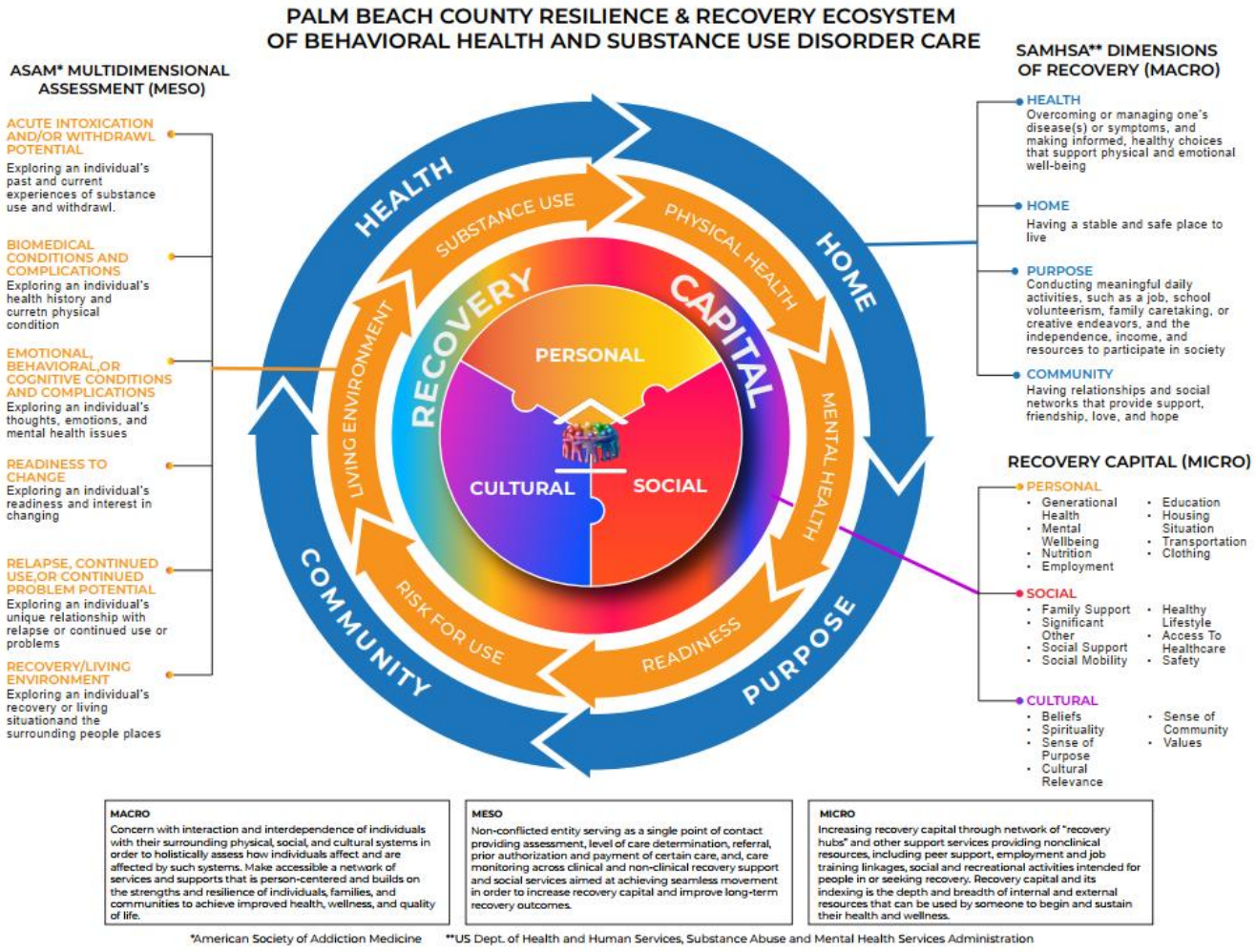
**Support Services –** Services that include crisis support, case management, care coordination, mobile crisis, recovery support, housing supportive services and supportive employment.

**Trauma Informed Care (TIC) Model** – An approach that recognizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system, responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatization. TIC models generally include a focus on the following: Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment; Voice and Choice; and Cultural, Historical, and Gender Issues.

**Warm Hand-off –** A warm hand-off is more than the provision of information or referrals – it is compassionate and non-coercive accompaniment to an appropriate care provider. It is a form of referral to treatment or other services. A transfer of care through face-to-face, phone or video interaction in the presence of the person being helped.

**Young Adults -** Individual(s) ages 19 to 24.

# ATTACHMENT 1: PALM BEACH COUNTY RESILIENCE & RECOVERY ECOSYSTEM



# ATTACHMENT 2: STATEWIDE RESPONSE AGREEMENT

Attachment available at:
https://discover.pbcgov.org/communityservices/financiallyassisted/pages/rfp.aspx

# ATTACHMENT 3: RECOVERY CAPITAL AND THE RECOVERY CAPITAL INDEX (RCI): A QUICK GUIDE

**Recovery Capital and the Recovery Capital Index (RCI): A Quick Guide**

**Understanding Recovery Capital**

Recovery Capital refers to the internal and external resources that an individual can access to begin and sustain recovery from addiction or mental health conditions. These resources span personal strengths, social networks, and community or cultural supports.

Originally introduced by researchers Cloud and Granfield in 1999, Recovery Capital highlights that recovery success depends not only on individual willpower and abstinence but also on the broader social and environmental context. Unlike traditional abstinence-focused measures, recovery capital through the Recovery Capital Index evaluates the holistic components of wellbeing, enabling a person-centered approach to recovery.

**Domains of Recovery Capital**

Recovery Capital is categorized into **three domains**: Personal, Social, and Cultural Capital.

**Personal Capital**

Personal Capital encompasses the individual resources related to health, knowledge, skills, and the ability to meet basic needs. These internal assets enable a person to navigate the challenges of recovery and establish a stable foundation for wellbeing.

- **Components and Indicators**:
  - **Health & Wellness**:
    - General Health: Physical and
    - Mental & Emotional Wellbeing: status.
    - Nutrition: Access to and satisfaction with balanced, healthy food.
  - **Knowledge & Skills**:
    - Employment: Job status, satisfaction, and workplace support.
    - Education: Formal education levels and opportunities for personal growth.
    - Financial Wellbeing: Financial stability and stress related to money or debts.
  - **Basic Human Needs**:
    - Housing: Stability and safety of the living situation.
    - Transportation: Accessibility of personal or public transport.
    - Clothing: Availability of appropriate clothing for daily needs and work.

**Social Capital**

Social Capital refers to the quality and strength of an individual's relationships and their ability to rely on their social networks. These external assets provide emotional support, reduce isolation, and contribute to a sense of belonging.

- **Components and Indicators**:
  - **Family & Home**:
    - Family Support: Emotional and practical assistance from family members.
    - Significant Other: Relationship support and its impact on wellbeing.

- **Social Network**:
  - Social Support: Friendships and networks that provide comfort and aid.
  - Social Mobility: Opportunities to grow personally and professionally within one's social environment.

- **Healthy Activities & Environment**:
  - Healthy Lifestyle: Access to wellness activities and support groups.
  - Access to Healthcare: Ability to receive medical care as needed.
  - Safety: Feeling safe at home, work, and in the community.

**Cultural Capital**

Cultural Capital reflects the broader values, beliefs, and community connections that shape an individual's identity and support their recovery. This domain also considers the alignment between personal values and the cultural environment.

- **Components and Indicators**:
  - **Social Values**:
    - Beliefs: Alignment and respect for personal beliefs within the community.
    - Values: Clarity and strength of personal principles and their representation in daily life.
  - **Spirituality**:
    - Spiritual Connection: Integration of spiritual practices or beliefs into daily life.
    - Sense of Purpose: The ability to draw meaning or purpose from spiritual beliefs.
  - **Community Connectedness**:
    - Cultural Relevance: Access to culturally appropriate recovery supports.
    - Sense of Community: Feelings of belonging, participation, and purpose within the community.

**What is the Recovery Capital Index (RCI)?**

The Recovery Capital Index (RCI) is a validated tool designed to measure and track an individual's recovery capital. It provides a multidimensional view of a person's wellbeing by capturing subjective insights into their life circumstances, strengths, and challenges.

The RCI was developed to address the limitations of traditional recovery metrics that focused primarily on substance use and abstinence. The tool applies across different pathways to recovery and does not presuppose any particular treatment modality or outcome.

The RCI has been scientifically validated, with peer-reviewed results showing that the RCI accurately measures the current state of a person's recovery or wellbeing.

**Key features of the RCI:**

- **Holistic Measurement**: The RCI assesses wellbeing across 3 domains, 9 components, and 22 indicators through a 68, 36, or 10-item survey.
- **Universal Application**: It is agnostic of treatment modality and applies to any stage of recovery or care.
- **Actionable Insights**: Results can guide personalized care, program improvements, and policy advocacy at individual, organizational, and community levels.

The RCI helps organizations and individuals move beyond binary metrics like "sober or not sober" and instead measure meaningful, long-term recovery outcomes.

**How the RCI is Scored**
The RCI provides scores ranging from 1 to 100 at multiple levels:

- **Overall Score**: Reflects total Recovery Capital.
- **Domain Scores**: Separate scores for Personal, Social, and Cultural Capital.
- **Component and Indicator Scores**: Offer granular insights into specific areas like housing stability, family support, or sense of purpose.

**Score Ranges:**

- **0-50**: Indicates significant areas for improvement in recovery capital.
- **51-70**: Shows progress with opportunities to strengthen specific areas.
- **71-100**: Reflects strong Recovery Capital, with a focus on maintenance.

**Using the RCI**
The RCI is intended to be completed every 30 days. This interval allows individuals and organizations to monitor progress, identify trends, and adapt care strategies. By engaging with the survey regularly, individuals can use the RCI as both a reflection tool and a roadmap for building resilience and wellbeing.
Each metric is assessed through a Likert scale, capturing subjective experiences and providing a snapshot of the person's current state of recovery. By measuring regularly (e.g., every 30 days), the RCI helps track changes in recovery capital over time.

**Why Use the RCI?**
For organizations seeking solutions to measure recovery outcomes, the RCI offers:

- **Standardized Metrics**: A common language for recovery outcomes across programs and populations.
- **Data-Driven Decision-Making**: Insights to guide funding, program development, and policy changes.
- **Focus on Holistic Wellbeing**: Recognizes and builds on strengths beyond abstinence, addressing the social determinants of recovery.

The RCI not only tracks individual recovery journeys but also empowers organizations to demonstrate impact, align with community needs, and advocate for transformative change.
The RCI is typically administered during intake and throughout care, often every 30 to 90 days, depending on the program. This regular assessment ensures that care teams can adjust support and interventions based on real-time data. For clients, the RCI offers a nonjudgmental way to reflect on their progress across various life domains.
The Recovery Capital Index is a critical tool that advances the understanding of recovery by shifting the focus from substance use to a comprehensive view of personal and social wellness. It equips individuals and organizations to measure better, manage, and sustain recovery efforts.

For more information about the RCI, visit commonlywell.com.

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## ATTACHMENT 4: RESOURCE DOCUMENT BEST PRACTICES RESEARCH OPTIMIZED

Attachment available at:
https://discover.pbcgov.org/communityservices/financiallyassisted/pages/rfp.aspx

# ATTACHMENT 5: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER PLAN 2024 CROSSWALK

*ADVANCING A RESILIENCE AND RECOVERY ECOSYSTEM OF CARE ONE INITIATIVE,*
*ONE INDICATOR AT A TIME*

**Overarching Priority Recommendations**

1. Recommendation to BCC that the County lead and/or support comprehensive planning process between SEFBHN, HCD and other community partners to drive alignment, coordination, shared commitments, shared accountability, and clarify roles and responsibilities.
2. Advocate for policies and legislation which advance person-centered, recovery-oriented systems of care and essential services that meet individual's needs and are readily accessible and integrated.
3. Identify and provide sustainable resources (essential services) for individuals re-entering the community such as those provided through the Community Services Department's federal grant research project, Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP). (Housing and peer support, care coordination, flex funds).
4. Implement person-centered, recovery-oriented system of care that is readily accessible and integrated inclusive of Neutral Care Coordination; Care Provider Network and Recovery Supports to ease transitions and continuity of care, remove barriers and improve long-term recovery outcomes.

**Opioid Settlement Recommendations**

| **Recommendation** | **Core Strategy** | **Approved Use** | **SDOH** | **Resilience Indicators** | **SOM* (Compliment RCI)** |
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| 1. Provide sustainable resources (essential services) including housing, peer support, care coordination, and flex funds which mirrors the federal COSSUP program. | **C3**: Provide comprehensive wrap-around services to individuals with OUD (e.g., housing, transportation, job placement/training, childcare). | **B.1**: Provide comprehensive wrap-around services to individuals with OUD and co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare. | Economic Stability, Social and Community Context, Health and Healthcare, Neighborhood and Built Environment | Housing & Living Situation, Family Support, Social Support, Access to Healthcare, Social Support | **Measures:** **Housing Stability Rate**: Percentage of individuals maintaining stable housing 6 and 12 months after program entry. **Peer Support Engagement Rate**: Frequency and satisfaction of individuals with peer support services. **Care Coordination Effectiveness**: Time to access services after care coordination, and satisfaction with service continuity. |

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| 2. Housing should be focused on stable placement as well as affordability and should include transitional, recovery, supportive living and permanent opportunities for individuals with substance use and mental disorders, returning individuals with justice placements, seniors who are under strict financial pressures and living on fixed incomes and youth aging out of foster care. | **C3**: Provide comprehensive wrap-around services to individuals with OUD (including housing, transportation, job placement/training). | **B.4**: Provide access to housing for people with OUD and co-occurring conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs. | Economic Stability, Neighborhood and Built Environment, Social and Community Context | Housing & Living Situation, Social Support, Family Support, Social Support, Social Mobility | **Recommended Measures:** **Housing Placement Success**: Number of individuals placed in stable, affordable housing. **Affordability Index**: Proportion of housing costs relative to income for housed individuals. **Recidivism Rates** (for justice-involved populations): Percentage of justice- involved individuals who do not re-offend. |
| 3. Coordination with the Department of Housing and Economic Development, municipalities and other housing funding sources to support expanding housing opportunities for individuals with substance use and behavioral disorders. | **J3**: Invest in infrastructure or staffing at government or not-for- profit agencies to support collaborative, cross-system coordination. | **B.4**: Provide access to housing for people with OUD and co-occurring conditions, including supportive housing, recovery housing, and housing assistance programs. | Economic Stability, Neighborhood and Built Environment, Social and Community Context | Housing & Living Situation, Social Support, Family Support, Social Mobility | **Recommended Measures:** **Housing Development and Availability**: Number of housing units developed or allocated for individuals with SUD. **Inter-Agency Collaboration Score**: Effectiveness of coordination between housing agencies, based on stakeholder surveys. |
| 4. Establish a non-conflicted neutral care coordination entity serving as a single point of contact providing assessment, level of care determination, referral, prior authorization and payment of certain care, and, care monitoring across clinical and non-clinical recovery support and social services. | **C2**: Fund Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders. | **C.16**: Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and co-occurring SUD/MH conditions. | Health and Healthcare, Social and Community Context | Access to Healthcare, Social Support, General Health & Mental Wellbeing | **Recommended Measures:** **Referral Completion Rate**: Percentage of individuals successfully referred to services through care coordination. **Service Utilization Rate**: Frequency of service utilization post-referral. **Satisfaction with Care Coordination**: Patient- |

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| | | | | | reported outcomes for satisfaction with the coordination process. |
| 5. Expand Syringe Services Program capacity and opportunities. | **H1**: Provide comprehensive syringe services programs with wrap-around services, including linkage to OUD treatment and access to sterile syringes. | **H.9**: Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, and referrals to treatment. | Health and Healthcare, Neighborhood and Built Environment, Social and Community Context | Access to Healthcare, Healthy Lifestyle, Safety | **Recommended Measures: Syringe Distribution and Collection Rate**: Number of syringes distributed and safely collected. **Linkage to Care**: Percentage of individuals using syringe services who are linked to treatment services. **Overdose Reversal Success**: Number of overdoses reversed as a result of naloxone distribution in syringe programs. |
| 6. Expand comprehensive recovery and treatment services, including MAT, for populations with substance use and co-occurring disorders demonstrating high need and prioritizing pregnant and parenting women. | **E2**: Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and co-occurring SUD/MH conditions. | **B.2**: Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support, counseling, and connections to community-based services. | Health and Healthcare, Social and Community Context | General Health, Mental Wellbeing, Access to Healthcare, Family Support (Family Support | **Recommended Measures: MAT Retention Rate**: Percentage of individuals retained in MAT programs after 6 and 12 months. **Health Outcomes for Mothers and Babies**: Rates of neonatal abstinence syndrome (NAS), birth weights, and maternal health outcomes. **Family Stability Index**: Improvement in family dynamics or child welfare indicators post-treatment. |
| 7. Promote recovery-ready work environments and expand transportation and | **C3**: Provide comprehensive wrap-around services to individuals with OUD, including job | **B.1**: Provide comprehensive wrap-around services to individuals with OUD | Economic Stability, Health and Healthcare, Social and Community Context | Employment, Transportation, Healthy Lifestyle, Social Support | **Recommended Measures: Employment Rate Post-Treatment**: Percentage of individuals employed 6 and |

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| employment opportunities for individuals with SUD and co-occurring MH conditions. | placement/training and transportation. | and any co-occurring SUD/MH conditions, including job placement, job training, and transportation. | | | 12 months after receiving services. **Transportation Access Index**: Frequency of transportation access issues reported by participants. **Workplace Recovery Readiness Assessment**: Survey assessing workplace support for individuals in recovery. |
| 8. Create public awareness campaigns that promote recovery-ready communities focused on improving mental as well as overall health and wellness in order to build resilience in individuals and communities. | **G1**: Fund media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco). | **G.1**: Fund media campaigns to prevent opioid misuse. | Health and Healthcare, Social and Community Context | General Health, Mental Wellbeing, Sense of Community | **Recommended Measures: Public Awareness Reach**: Number of people reached through media campaigns (tracked through social media impressions, ad views, etc.). **Community Attitude Shift**: Pre- and post-campaign surveys measuring changes in public attitudes toward recovery and mental health. **Mental Health Screening Uptake**: Increase in the number of people accessing mental health screenings following the campaign. |
| 9. Create and/or support community-based education or support services for families, youth, and adolescents at risk for SUD and any co-occurring MH conditions which builds resilience, recognizes adverse child experiences and is trauma-informed. | **G5**: Funding and training for first responders to participate in pre-arrest diversion programs or similar strategies that connect at- risk individuals to behavioral health services. | **E.8**: Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; offer trauma-informed behavioral health | Education, Social and Community Context, Health and Healthcare | Education, Family Support, Social Support, Social Mobility, Healthy Lifestyle | **Recommended Measures: Resilience Building Index**: Pre- and post-intervention resilience scores for youth and families (using RCI or similar resilience metrics). **Adverse Childhood Experiences (ACEs) Awareness**: Pre- and post- |

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| | | treatment for adverse childhood events. | | | program understanding of ACEs among participants. **Family Support Access Rate**: Number of families accessing community-based support services. |
| 10. Expand County's MH/SUD research capacity and enhance its monitoring, surveillance, data collection, and evaluation capabilities in conformance with SAMHSA quality assurance guidelines and other evidence-based methodologies. | **L1**: Monitoring, surveillance, data collection, and evaluation of programs and strategies to abate the opioid epidemic. | **L.1**: Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of monitoring and data collection. | Health and Healthcare | Access to Healthcare, Healthy Lifestyle | **Recommended Measures: Data Collection Completion Rate**: Percentage of target population reached in surveillance and data collection efforts. **Research Outputs**: Number of reports or papers published, and the number of datasets collected related to MH/SUD. **System Quality Assurance**: Adherence to SAMHSA quality assurance guidelines, as measured by external audits or self-assessments. |
| 11. Create and/or support community based education to increase awareness and ability to recognize warning signs of different stages for both behavioral and substance use issues. | **G1**: Fund media campaigns to prevent opioid misuse. | **G.2**: Public education related to drug disposal and prevention strategies. | Health and Healthcare, Social and Community Context | Mental and Emotional Wellbeing, Sense of Community | **Recommended Measures: Behavioral Health Literacy Index**: Pre- and post-program knowledge of behavioral health issues and substance use warning signs. **Participation Rate in Educational Programs**: Number of community members participating in educational workshops or programs. **Early Intervention Success**: Number of early interventions |

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| | | | | | initiated as a result of increased community awareness. |
| 12. Opioid settlement funds should be spent as follows: 90% on social determinants of health prioritizing housing, recovery supports, care coordination and environmental strategies to include youth, families and community education 10% on deep-end and crisis care. | **J2**: A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to track program or strategy outcomes. | **B.4**: Provide access to housing for people with OUD and co-occurring conditions, including recovery housing and housing assistance programs. | Economic Stability, Health and Healthcare, Neighborhood and Built Environment | Housing & Living Situation, Access to Healthcare, Family Support, Social Support | **Recommended Measures: Fund Allocation Efficiency**: Percentage of settlement funds allocated to target areas (housing, care coordination, etc.). **Outcome Improvements in SDOH**: Improvements in housing stability, employment rates, and healthcare access for individuals supported by the settlement funds. **Impact of Deep-End and Crisis Care**: Number of individuals served in deep-end crisis care settings and their recovery outcomes. |

* Standards, Outcomes, Measures

**Additional SOM Suggestions:**

- **Longitudinal RCI Tracking**: Use the **RCI** to measure recovery capital at regular intervals (e.g., every 30 or 60 days) to track individual and population-level progress.
- **Community Engagement Metrics**: Measure community engagement in new recovery-oriented initiatives through participation rates, feedback surveys, and success stories.
- **Population Health Analytics**: Implement population health analytics to examine how various social determinants (housing, education, employment) are affecting recovery outcomes in different subpopulations.

# ATTACHMENT 6: STATE AND COUNTY OSF REPORTING REQUIREMENTS

- State and local governments shall follow their existing reporting and records retention requirements along with considering any additional recommendations from the Opioid Abatement Taskforce or Council.
- State and Local Governments shall ensure that any provider or sub-recipient of Opioid Funds at a minimum does the following:
    - Any provider shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of Opioid Funds.
    - Any provider shall retain and maintain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the use of the Opioid Funds during the term of its receipt of Opioid Funds and retained for a period of six (6) years after it ceases to receive Opioid Funds or longer when required by law. In the event an audit is required by the State or Local Government, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of any award or contract.
    - At all reasonable times for as long as records are maintained, persons duly authorized by State or Local Government auditors shall be allowed full access to and the right to examine any of the contracts and related records and documents, regardless of the form in which kept.
    - A financial and compliance audit shall be performed annually and provided to the State.
    - All providers shall comply and cooperate immediately with any inspection reviews, investigations, or audits deemed necessary by The Office of the Inspector General (section 20.055, F.S.) or the State.
    - No record may be withheld nor may any provider attempt to limit the scope of any of the foregoing inspections, reviews, copying, transfers or audits based on any claim that any record is exempt from public inspection or is confidential, proprietary or trade secret in nature; provided, however, that this provision does not limit any exemption to public inspection or copying to any such record.

Additionally, Opioid Settlement specific reporting and accountability.

- Reporting on expenditures for the previous fiscal year are to be reported to the Department of Children and Families (DCF) by no later than August 31st.
- Reporting to DCF is due by July 1st of each year on how Opioid Funds will be expended in the upcoming fiscal year.
- The State Taskforce or Council will set other data sets that need to be reported to DCF to demonstrate effectiveness of expenditures on Approved

Purposes.

- DCF has established a statewide Opioid Implementation and Financial Reporting System ("Florida Opioid Implementation and Financial Reporting System" (FOIFRS) to which providers may request access for the purpose of submitting implementation plans and financial reports.

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# ATTACHMENT 7: NOFO SCORING AND RANKING GUIDE

OSF and FAA Behavioral Health and Substance Use Disorder NOFO

## Program Implementation and Design (40 Points)

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| Insufficient Response (0- 10 Points) | Most of the responses to the questions are incomplete and/or do not address the questions posed.<br>The applicant's responses do not align with the Category or Sub-category. |
| Moderate Response (11-20 Points) | **Overarching Principles:**<br>(Q. 10 & 11) Responses address the alignment of the system of service delivery within the person-centered recovery-oriented ecosystem of care but does not elaborate on how it fits.<br><br>(Q 12) Response includes evidence-based, evidence-informed and/or promising practices and measurement tools that will be utilized to implement the proposal, but the explanation of why the tools and strategies chosen were selected and how it is linked to the desired outcomes is incomplete, missing, or does not seem reasonable for achieving identified program goals and outcomes.<br><br>(Q 13) Narrative does not connect activities from the proposal to Recovery and Resilience and/ or how the proposal will align with the CDC's social determinants of health.<br><br>(Q 14) The Agency's crosswalk is incomplete or demonstrates superficial utilization.<br><br>**Program Implementation:**<br>(Q 15-17) Recovery and Resiliency are superficially addressed with little substance or context to the actual proposal. The proposed program assessment is lacking in detail and/or connection to proposal goals, objectives or theory of action.<br><br>**Partnerships:**<br>(Q 18-19) Partnerships are not closely enough connected to the proposal to make an impact and proposal includes generalized letters of support but is absent of MOU or MOA.<br>(NOTE: Not every proposal will have a response to these 2 questions, so no response should not merit any loss of points)<br><br>(Q 20) Barriers and/or Challenges are identified (as applicable) but the plan to address it is superficial (i.e., missing relatively obvious pieces that will get to the real issues that are needed to resolve or remove the barrier or challenge).<br><br>**Required Components of Proposals: If less than half of these components are in the proposal.**<br><br>• Incorporate and demonstrate alignment with Palm Beach County's Resilience and Recovery Ecosystem approach to Behavioral Health and Substance Use Disorder Care.<br>• Demonstrate that your organization conducted a crosswalk and mapping of the 2024 Plan's overarching priority and opioid settlement recommendations; opioid settlement fund core strategies and approved uses; SDoH categories; and RCI |

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| | indicators with standards, outcomes and measures as part of the preparation of your proposal for submission.<br>• Demonstrate integration of SAMHSA's best practice guides, including standards and evaluation of process and program outcomes. Proposals shall include what is being measured, the standards for measuring and short and long-term program outcomes.<br>• Demonstrate how resilience will be measured and improved.<br>• Agree to participate in the County's Shaping A Healthier Palm Beach County, a health campaign.<br>• Agree to participate and cooperate in research related to initiatives.<br>• Comply with State and Local reporting requirements (as applicable).<br>• Comply with Opioid Settlement State and County reporting requirements (as applicable).<br><br>Additionally, all proposals shall be:<br>• Scalable<br>• Data-driven<br>• Incorporate and integrate into planning SAMHSA's definition of Recovery and the four (4) major dimensions that support a life in recovery<br>• Include Multisystemic Resilience Factors in the description of the proposal and how these factors will be integrated during implementation:<br>• Sensitive caregiving, close relationships, social support<br>• Sense of belonging, cohesion<br>• Self-regulation, family management, group or organization leadership<br>• Agency, beliefs in system efficacy, active coping<br>• Problem-solving and planning<br>• Hope, optimism, confidence in a better future<br>• Mastery motivation, motivation to adapt<br>• Purpose and a sense of meaning<br>• Positive views of self, family, or group<br>• Positive habits, routines, rituals, traditions, celebrations<br><br>**Services Offered:**<br><br>Clearly describes what services will be provided but the services do not match what is requested in the NOFO.<br><br>Priority Populations are not addressed or inadequately included in proposal, meaning that there is minimal detail that demonstrates how Agency will adapt to ensure inclusion of priority populations. |

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| Good Response (21-29 Points) | **Overarching Principles:**<br>(Q. 10 & 11) Response addresses alignment of system of service delivery within the person centered recovery oriented ecosystem of care and provides connection to it's proposal.<br><br>(Q 12) Response includes evidence-based, evidence informed and/or promising practices and measurement tools that will be utilized to implement the proposal, but explanation of choice or connection to outcomes is not fully explained.<br><br>(Q 13) Narrative makes some connections between activities from the proposal to Recovery and/ or how proposal will align with the CDC's social determinants of health, but could use more detail.<br><br>(Q 14) Agency demonstrates and describes its crosswalk process.<br><br>**Program Implementation:**<br>(Q 15-17) Recovery and Resiliency are addressed with some substance and context to the actual proposal. The proposed program assessment has some connection to the proposal goals, objectives and/or theory of action.<br><br>**Partnerships:**<br>(Q 18-19) Partnerships are moderately connected to the proposal to make an impact and may include MOU or MOA that is moderately connected to the proposal but is absent sub-awards.<br>(NOTE: Not every proposal will have a response to these 2 questions, so no response should not merit any loss of points)<br><br>(Q 20) Barriers and/or Challenges are identified (as applicable). There is a plan to address barriers and/or challenges and plan seems reasonable.<br><br>**Required Components of Proposals: Most (at least 75% of these components) are adequately addressed in the proposal.**<br><br>• Incorporate and demonstrate alignment with Palm Beach County's Resilience and Recovery Ecosystem approach to Behavioral Health and Substance Use Disorder Care.<br>• Demonstrate that your organization conducted a crosswalk and mapping of the 2024 Plan's overarching priority and opioid settlement recommendations; opioid settlement fund core strategies and approved uses; SDoH categories; and RCI indicators with standards, outcomes and measures are integrated as part of the preparation of your proposal for submission.<br>• Demonstrate integration of SAMHSA's best practice guides, including standards and evaluation of process and program outcomes. Proposals shall include what is being measured, the standards for measuring and short and long-term program outcomes.<br>• Demonstrate how resilience will be measured and improved.<br>• Agree to participate in the County's Shaping A Healthier Palm Beach County, a health campaign. |

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| | • Agree to participate and cooperate in research related to initiatives.<br>• Comply with State and Local reporting requirements (as applicable).<br>• Comply with Opioid Settlement State and County reporting requirements (as applicable).<br><br>Additionally, all proposals shall be:<br>• Scalable<br>• Data-driven<br>• Incorporate and integrate into planning SAMHSA's definition of Recovery and the four (4) major dimensions that support a life in recovery<br>• Include Multisystemic Resilience Factors in the description of the proposal and how these factors will be integrated during implementation:<br>• Sensitive caregiving, close relationships, social support<br>• Sense of belonging, cohesion<br>• Self-regulation, family management, group or organization leadership<br>• Agency, beliefs in system efficacy, active coping<br>• Problem-solving and planning<br>• Hope, optimism, confidence in a better future<br>• Mastery motivation, motivation to adapt<br>• Purpose and a sense of meaning<br>• Positive views of self, family, or group<br>• Positive habits, routines, rituals, traditions, celebrations<br><br>**Services Offered:**<br><br>Clearly describes what services will be provided but leaves out some key points, such as how the services are connected to what is being asked for in the NOFO.<br><br>Priority Populations are mentioned with some detail regarding why the Agency is well-suited to work with the priority population(s).<br><br>Proposal includes a Memorandum of Agreement to work with a grass-roots organization. |
| Excellent Response (30-40 Points) | **Overarching Principles:**<br>(Q. 10 & 11) Response addresses alignment of system of service delivery within the person centered recovery oriented ecosystem of care and it is integrated throughout the proposal.<br><br>(Q 12) Response includes evidence-based or evidence informed practices and measurement tools that will be utilized to implement the proposal, along with a cohesive explanation of why the practices and tools were selected and why these choices are best for this proposal.<br><br>(Q 13) Narrative makes clear connections between activities from the proposal to Recovery and/ or how proposal aligns with the CDC's social determinants of health.<br><br>(Q 14) Agency demonstrates and describes its crosswalk process in a cohesive manner.<br><br>**Program Implementation:**<br>(Q 15-17) Recovery and Resiliency are addressed comprehensively and well integrated |

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| | into the actual proposal. The proposed program assessment has strong connections to the proposal goals, objectives and/or theory of action.<br><br>**Partnerships:**<br>(Q 18-19) Partnerships and MOU or MOA is directly connected to the proposal to make an impact and starts at the beginning of the proposal's planning and development process. It also includes joint planning and mentoring throughout the process of preparation and implementation. Many grass-roots organizations have the contacts and relationships that will increase the reach of a proposal even though such organizations may not have the infrastructure or experience to prepare and submit a proposal. MOU or MOAs should demonstrate strong role delineation and sub-awards to small-scale non-profit, grass-roots corporations particularly from marginalized communities.<br><br>(**NOTE:** More weight is to be given to proposals that include MOU or MOAs which demonstrate sub-awards to small-scale non-profit, grass-roots corporations particularly from marginalized communities.<br><br>(Q 20) Barriers and/or Challenges are identified (as applicable). There is a plan to address barriers and/or challenges and plan seems reasonably tailored to the issues.<br><br>**Required Components of Proposals: Almost all of the required components are clearly addressed in the proposal (at least 90%).**<br><br>• Incorporate and demonstrate alignment with Palm Beach County's Resilience and Recovery Ecosystem approach to Behavioral Health and Substance Use Disorder Care.<br>• Demonstrate that your organization conducted a crosswalk and mapping of the 2024 Plan's overarching priority and opioid settlement recommendations; opioid settlement fund core strategies and approved uses; SDoH categories; and RCI indicators with standards, outcomes and measures are integrated as part of the preparation of your proposal for submission.<br>• Demonstrate integration of SAMHSA's best practice guides, including standards and evaluation of process and program outcomes. Proposals shall include what is being measured, the standards for measuring and short and long-term program outcomes.<br>• Demonstrate how resilience will be measured and improved.<br>• Agree to participate in the County's Shaping A Healthier Palm Beach County, a health campaign.<br>• Agree to participate and cooperate in research related to initiatives.<br>• Comply with State and Local reporting requirements (as applicable).<br>• Comply with Opioid Settlement State and County reporting requirements (as applicable).<br><br>Additionally, all proposals shall be:<br>• Scalable<br>• Data-driven<br>• Incorporate and integrate into planning SAMHSA's definition of Recovery and the four (4) major dimensions that support a life in recovery<br>• Include Multisystemic Resilience Factors in the description of the proposal and how |

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| | these factors will be integrated during implementation:<br>• Sensitive caregiving, close relationships, social support<br>• Sense of belonging, cohesion<br>• Self-regulation, family management, group or organization leadership<br>• Agency, beliefs in system efficacy, active coping<br>• Problem-solving and planning<br>• Hope, optimism, confidence in a better future<br>• Mastery motivation, motivation to adapt<br>• Purpose and a sense of meaning<br>• Positive views of self, family, or group<br>• Positive habits, routines, rituals, traditions, celebrations<br><br>**Services Offered:**<br><br>Clearly describes what services will be provided that are directly connected to what is being asked for in the NOFO.<br><br>Priority Populations are mentioned with comprehensive detail regarding why the Agency is well-suited to work with the priority population(s). |

## Evaluation Approach (40 Points)

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| Insufficient Response<br>(0 -10 Points) | Did not submit a logic model; uploaded the wrong logic model (uploaded a logic model from a different program than what is being proposed), or did not complete the logic model correctly. Method for evaluating is not organized and tools and strategies for data collection and utilization are not explained or connected to proposal. |
| Moderate Response<br>(11 - 20 Points) | Uploaded the correct logic model but pieces are not well connected. Evaluation methods are mentioned, but there is not enough detail about why the methods were selected or how data will be utilized throughout implementation.<br><br>Agency currently uses data in a minimal way. |
| Good Response<br>(21 - 29 Points) | The logic model seems reasonable given the program design. Evaluation methods and tools make sense given the proposal.<br><br>Agency has some experience with data, including collection and analysis, but data are not used or integrated in a systematic manner. |
| Excellent Response<br>(30 - 40 Points) | The logic model provides a detailed story of how the program will be managed and evaluated. Tools, strategies and intended use of data are clear and align well with the proposal.<br><br>Agency currently uses data in an extensive way and/or articulates an excellent way to integrate data into every day decisions. |

## Organizational Capacity (15 Points)

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| Insufficient Response<br>(0 - 3 Points) | Did not answer the questions (Q26 – Q40) completely. |
| Moderate Response | Q26-33 are not answered in a way that demonstrates that the Agency and proposed sub-award organization can effectively implement the proposal. (OSF proposals only, as |

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| (4 -7 Points) | FAA does not allow for sub-recipients.)<br><br>For FAA proposals, questions 26-33 are answered, but the responses do not demonstrate that the Agency/Organization will be able to effectively implement its proposal given the explanations to the questions posed.<br><br>The agency does not use resources that are applicable or relevant to their proposed program or does not use the resources in a way that would benefit their proposed program. |
| Good Response<br>(8 – 10 Points) | Questions 26-40 are answered with adequate detail and explanation of how concepts will work within the proposal.<br><br>Agency uses some resources that are applicable and relevant to the proposed program and uses these resources in a beneficial way for the community. |
| Excellent Response<br>(11-15 Points) | Questions 26-40 are answered with clear detail and includes a relatively comprehensive explanation demonstrating the depth of skill and knowledge the organization (or organizations if applying for OSF with a sub-awardee) has to implement the proposal.<br><br>The agency uses reasonable, applicable, and relevant resources and clearly describes how they will utilize these resources to support programmatic decisions. |

## Budget (5 Points)

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| Insufficient Response<br>(0 -1 Points) | Did not provide a complete budget. |
| Moderate Response<br>(2 - 3 Points) | The budget is provided but does not meet all of the requirements noted in Q 42-50. There are calculation errors that are over-budget. |
| Good Response<br>(4 Points) | The budget is provided and meets most of the requirements in Q 42-50. The budget is accurate. |
| Excellent Response<br>(5 Points) | Budget is correct and addresses all of the requirements in Q 42-50. |

## NOFO FY2026-FY2028 Ranking Guide for Review Panelists

**Behavioral Health and Substance Use Disorder OSF Funding**

As stated in the NOFO Guidance FY 2026 – FY 2028 all scored proposals will be ranked. The Guidance states the following:

> The Review Panel will rank all proposals based on how critical they deem the program is for the system of care. The SCORE awarded to a proposal is reflective of how competitive the proposal is. The RANKING of the proposals is reflective of how imperative and critical the services are to ensure availability and access.

The following data and information should be considered when ranking the proposals. This is to serve as a guide to ensure the ranking decisions are data driven.

The proposal considered the most critical to the system of care will be ranked #1. All proposals shall be ranked.
No two proposals shall be ranked the same, as a tie. If there are 10 proposals, then the ranking should ultimately have 10 proposals ranked 1 through 10, with 1 being deemed the most critical.

**Proposals that include the following shall be ranked highest if all elements are included:**

- Incorporate and demonstrate alignment with Palm Beach County's Resilience and Recovery Ecosystem approach to Behavioral Health and Substance Use Disorder Care.
- Demonstrate that your organization conducted a crosswalk and mapping of the 2024 Plan's overarching priority and opioid settlement recommendations; opioid settlement fund core strategies and approved uses; SDoH categories; and RCI indicators with standards, outcomes and measures as part of the preparation of your proposal for submission. (See **Attachment 2**)
- Demonstrate integration of SAMHSA's best practice guides, including standards and evaluation of process and program outcomes. Proposals shall include what is being measured, the standards for measuring and short and long-term program outcomes. (See **Attachment 4**)
- Demonstrate how resilience will be measured and improved.
- Agree to participate in the County's *Shaping A Healthier Palm Beach County*, a health campaign.
- Agree to participate and cooperate in research related to initiatives.
- Comply with State and Local reporting requirements.
- Comply with Opioid Settlement State and County reporting requirements.

Proposals shall also be:

- Scalable
- Data-driven
- Incorporate and integrate into planning SAMHSA's definition of Recovery and the four (4) major dimensions that support a life in recovery
- Include Multisystemic Resilience Factors in the description of the proposal and how these factors will be integrated during implementation:
    - Sensitive caregiving, close relationships, social support
    - Sense of belonging, cohesion
    - Self-regulation, family management, group or organization leadership
    - Agency, beliefs in system efficacy, active coping
    - Problem-solving and planning
    - Hope, optimism, confidence in a better future
    - Mastery motivation, motivation to adapt
    - Purpose and a sense of meaning
    - Positive views of self, family, or group
    - Positive habits, routines, rituals, traditions, celebrations

Rankings shall decrease for missing elements.
Proposals that specifically address what the County is seeking, in each category and subcategory, shall be ranked higher than proposals that do not.

**<u>Recovery Supports</u>**

Palm Beach County seeks an agency and/or agencies to replicate and/or expand the interventions deployed in the COSSUP to populations beyond individuals involved with the criminal justice system. The interventions shall include peer support, care coordination as well as financial support for situational-related

expenses. Respondents must place focus on SDoH, resilience and risk factors identified on pages 7-8 of this NOFO and other RCI data collected during the contract period. Respondents must also agree to enter into memorandum of agreement(s) to participate in the County's anticipated safe and stable housing initiative.

**Community Education and Engagement**

**Family Supports**: Palm Beach County seeks an agency and/or agencies to provide community-based supports to families experiencing a family members' substance use or co-occurring disorder, particularly for parents or grandparents who face a variety of emotional, legal and daily living challenges as they unexpectedly find themselves in the position of raising a second family. These supports may include, but not be limited to, emotional, physical health and practical support, advocacy, parenting and family interaction, care and resource navigation.

**Resilient and Recovery Ready Communities:** Palm Beach County seeks an agency and/or agencies to lead community education and engagement activities that develop relationships, strategic partnerships, and collaborative agreements which will enable diverse groups to work together to address substance use and co-occurring disorder-related issues.

**Screening, Brief Intervention, Refer to Treatment (SBIRT):** The County seeks an agency to implement a county-level Screening, Brief Intervention and Referral to Treatment (SBIRT) program to implement the SBIRT public health model for individuals in various primary and behavioral health settings to identify and treat those who use alcohol and other drugs at risky levels. The program is expected to provide training, education and technical assistance to collaborative partners and primary and behavioral settings to deliver early intervention for individuals with risky alcohol and drug use, as well as the timely referral to more intensive treatment where indicated.

**Community Drug Disposal:** The County seeks to enhance and expand drug disposal programs in order to accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly. Such programs can use in-person drop-offs, mail-in efforts, permanent secure collection receptacles (e.g. 24-hour drop-boxes), scheduled drug take-back events, as well as education efforts to raise awareness about reasons for proper drug disposal and available options.

**Deep-End**

Proposals addressing Women, pregnant and parenting women shall be ranked as the highest priority.

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# ATTACHMENT 8: REQUIRED COVER SHEET

## REQUIRED COVER SHEET

**PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES OPIOID SETTLEMENT FUNDS AND FAA FUND FY 2026-2028**

**PLEASE RESPOND TO *ALL* QUESTIONS LISTED BELOW:**

***(NOTE: This form is formatted using MS Word, Times New Roman, and 10pt font)***

| QUESTIONS: | AGENCY RESPONSES: |
|---|---|
| **NAME OF AGENCY:** | |
| **SERVICE CATEGORY** (identify the service category for which the proposal is being submitted): | |
| **PROGRAM TITLE:** | |
| **PRIORITY POPULATION** (include the unduplicated number to be served annually)**:** | |
| **GEOGRAPHIC AREA TO BE SERVED:** | |
| **COMMISSION DISTRICT(S) TO BE SERVED:** | |
| **PROGRAM STATUS** (expanded or new program): | |
| **PROGRAM START DATE** (if new program): | |
| **TOTAL PROGRAM BUDGET:** | $ |
| **AMOUNT OF FUNDING REQUEST** (how much you are requesting in the proposal): | $ |
| **UNIT COST SERVICE DESCRIPTION:** | |
| **UNIT COST OF SERVICE:** | |
| **IDENTIFY IF AGENCY IS CURRENTLY ACCREDITED BY NONPROFITS FIRST:** (Yes or No) | |
| **OVERVIEW** (3 sentence overview of the program – this must be short and concise and will be used to communicate the purpose of programs and services to the Board of County Commissioners and various publications): | |

**SPECIAL NOTICE:**

Contracted agencies must comply with the current Health Insurance Portability and Accountability Act (HIPAA). If your agency does not provide services that fall under HIPAA Privacy Rules, please state that in the above overview.

# ATTACHMENT 9: INTERNAL CONTROL QUESTIONNAIRE

| **GENERAL** | | | |
|---|---|---|---|
| The following questions relate to the internal accounting controls of the overall organization. | **Yes** | **No** | **N/A** |
| 1. Are the duties for key employees of the organization defined? | | | |
| 2. Is there an organization chart that sets forth the actual lines of responsibility? | | | |
| 3. Are written procedures maintained covering the recording of transactions? | | | |
| a. Covering an accounting manual? | | | |
| b. Covering a chart of accounts? | | | |
| 4. Do the procedures, chart of accounts, etc., provide for identifying receipts and expenditures of program funds separately for each grant? | | | |
| 5. Does the accounting system provide for accumulating and recording expenditures by grant and cost category shown in the approved budget? | | | |
| 6. Does the organization maintain a policy manual covering the following: | | | |
| a. approval authority for financial transactions? | | | |
| b. guidelines for controlling expenditures, such as purchasing requirements and travel authorizations? | | | |
| 7. Are there procedures governing the maintenance of accounting records? | | | |
| a. Are subsidiary records for accounts payable, accounts receivable, etc., balanced with control accounts on a monthly basis? | | | |
| b. Are journal entries approved, explained and supported? | | | |
| c. Do accrual accounts provide adequate control over income and expense? | | | |
| d. Are accounting records and valuables secured in limited access areas? | | | |
| 8. Are duties separated so that no one individual has complete authority over an entire financial transaction? | | | |
| 9. Does the organization use an operating budget to control funds by activity? | | | |
| 10. Are there controls to prevent expenditure of funds in excess of approved, budgeted amounts? For example, are purchase requisitions reviewed against remaining amount in budget category? | | | |
| 11. Has any aspect of the organization's activities been audited within the past 2 years by another governmental agency or independent public accountant? | | | |
| 12. Has the organization obtained fidelity bond coverage for responsible officials? | | | |
| 13. Has the organization obtained fidelity bond coverage in the amounts required by statutes or organization policy? | | | |
| 14. Are grant financial reports prepared for required accounting periods within the time imposed by the grantors? | | | |
| 15. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? | | | |

| CASH RECEIPTS | YES | NO | N/A |
|---|---|---|---|
| 1. Does the organization have subgrant agreements which provide for advance payments and/or reimbursement of cost? | | | |
| 2. If advance payments have been made to the organization: | | | |
| a. Are funds maintained in a bank with sufficient federal deposit insurance? | | | |
| b. Is there an understanding of the terms of the advance (i.e. to be used before costs can be submitted for reimbursement)? | | | |

| PURCHASING, RECEIVING, AND ACCOUNTS PAYABLE | YES | NO | N/A |
|---|---|---|---|
| The following conditions are indicative of satisfactory control over purchasing, receiving, and accounts payable. | | | |
| 1. Prenumbered purchase orders are used for all items of cost and expense. | | | |
| 2. There are procedures to ensure procurement at competitive prices. | | | |
| 3. Receiving reports are used to control the receipt of merchandise. | | | |
| 4. There is effective review by a responsible official following prescribed procedures for program coding, pricing, and extending vendors' invoices. | | | |
| 5. Invoices are matched with purchase orders and receiving reports. | | | |
| 6. Costs are reviewed for charges to direct and indirect cost centers in accordance with applicable grant agreements and applicable Federal Management circulars pertaining to cost principles. | | | |
| 7. When accrual accounting is required, the organization has adequate controls such as checklists for statement closing procedures to ensure that open invoices and uninvoiced amounts for goods and services received are properly accrued or recorded in the books or controlled through worksheet entries. | | | |
| 8. There is adequate segregation of duties in that different individuals are responsible for (a) purchase (b) receipt of merchandise or services, and (c) voucher approval. | | | |

| PURCHASING | YES | NO | N/A |
|---|---|---|---|
| 1. Is the purchasing function separate from accounting and receiving? | | | |
| 2. Does the organization obtain competitive bids for items, such as rental or service agreements, over specified amounts? | | | |
| 3. Is the purchasing agent required to obtain additional approval on purchase orders above a stated amount? | | | |
| 4. Are there procedures to obtain the best possible price for items not subject to competitive bidding requirements, such as approved vendor lists and supply item catalogs? | | | |
| 5. Are purchase orders required for purchasing all equipment and services? | | | |
| 6. Are purchase orders controlled and accounted for by prenumbering and keeping a logbook? | | | |
| 7. Are the organization's normal policies, such as competitive bid requirements, the same as grant agreements and related regulations? | | | |
| 8. Is the purchasing department required to maintain control over items or dollar amounts requiring the ADECA to give advance approval? | | | |

| | | | |
|---|---|---|---|
| 9. Under the terms of 2 CFR 200, certain costs and expenditures incurred by units of State and local governments are allowable only upon specific prior approval of the grantor Federal agency. The grantee organization should have established policies and procedures governing the prior approval of expenditures in the following categories. | | | |
| a. Automatic data processing costs. | | | |
| b. Building space rental costs. | | | |
| c. Costs related to the maintenance and operation of the organization's facilities. | | | |
| d. Costs related to the rearrangement and alteration of the organization's facilities. | | | |
| e. Allowances for depreciation and use of publicly owned buildings. | | | |
| f. The cost of space procured under a rental-purchase or a lease-with-option-to-purchase agreement. | | | |
| g. Capital expenditures. | | | |
| h. Insurance and indemnification expenses. | | | |
| i. The cost of management studies. | | | |
| j. Preagreement costs. | | | |
| k. Professional services costs. | | | |
| l. Proposal costs. | | | |
| 10. Under the terms of 2 CFR 200 certain costs incurred by units of State and local governments are <u>not</u> allowable as charges to Federal grants. The grantee organization should have established policies and procedures to preclude charging Federal grant programs with the following types of costs. | | | |
| a. Bad debt expenses. | | | |
| b. Contingencies. | | | |
| c. Contribution and donation expenditures | | | |
| d. Entertainment expenses. | | | |
| e. Fines and penalties. | | | |
| f. Interest and other financial costs. | | | |
| g. Legislative expenses. | | | |
| h. Charges representing the nonrecovery of costs under grant agreements. | | | |

| **RECEIVING** | **YES** | **NO** | **N/A** |
|---|---|---|---|
| 1. Does the organization have a receiving function to handle receipt of all materials and equipment? | | | |
| 2. Are supplies and equipment inspected and counted before acceptance for use? | | | |
| 3. Are quantities and descriptions of supplies and equipment checked by the receiving department against a copy of the purchase order or some other form of notification? | | | |
| 4. Is a logbook or permanent copy of the receiving ticket kept in the receiving department? | | | |
| **ACCOUNTS PAYABLE** | **YES** | **NO** | **N/A** |
| 1. Is control established over incoming vendor invoices? | | | |
| 2. Are receiving reports matched to the vendor invoices and purchase orders, and are all of these documents kept in accessible files? | | | |

| | | | |
|---|---|---|---|
| 3. Are charges for services required to be supported by evidence of performance by individuals other than the ones who incurred the obligations? | | | |
| 4. Are extensions on invoices and applicable freight charges checked by accounts payable personnel? | | | |
| 5. Is the program to be charged entered on the invoice and checked against the purchase order and approved budget? | | | |
| 6. Is there an auditor of disbursements who reviews each voucher to see that proper procedures have been followed? | | | |
| 7. Are checks adequately cross referenced to vouchers? | | | |
| 8. Are there individuals responsible for accounts payable other than those responsible for cash receipts? | | | |
| 9. Are accrual accounts kept for items which are not invoiced or paid on a regular basis? | | | |
| 10. Are unpaid vouchers totaled and compared with the general ledger on a monthly basis? | | | |

| **CASH DISBURSEMENTS** | **YES** | **NO** | **N/A** |
|---|---|---|---|
| The following conditions are indicative of satisfactory controls over cash disbursements:<br>i. Duties are adequately separated; different persons prepare checks, sign checks, reconcile bank accounts, and have access to cash receipts.<br>ii. All disbursements are properly supported by evidence of receipt and approval of the related goods and services.<br>iii. Blank checks are <u>not</u> signed.<br>iv. Unissued checks are kept in a secure area.<br>v. Bank accounts are reconciled monthly.<br>vi. Bank accounts and check signers are authorized by the board of directors or trustees.<br>vii. Petty cash vouchers are required for each fund disbursement.<br>viii. The petty cash fund is kept on an imprest basis. | | | |
| 1. Are checks controlled and accounted for with safeguards over unused, returned, and voided checks? | | | |
| 2. Is the drawing of checks to cash or bearer prohibited? | | | |
| 3. Do supporting documents, such as invoices, purchase orders, and receiving reports, accompany checks for the check signers' review? | | | |
| 4. Are vouchers and supporting documents appropriately cancelled (stamped or perforated) to prevent duplicate payments? | | | |
| 5. If check signing plates are used, are they adequately controlled (i.e., maintained by a responsible official who reviews and accounts for prepared checks)? | | | |
| 6. Are two signatures required on all checks or on checks over stated amounts? | | | |
| 7. Are check signers responsible officials or employees of the organization? | | | |
| 8. Is the person who prepares the check or initiates the voucher other than the person who mails the check? | | | |
| 9. Are bank accounts reconciled monthly and are differences resolved? | | | |
| 10. Concerning petty cash disbursements: | | | |

| | | | |
|---|---|---|---|
| a. Is petty cash reimbursed by check and are disbursements reviewed at that time? | | | |
| b. Is there a maximum amount, reasonable in the circumstances, for payments made in cash? | | | |
| c. Are petty cash vouchers written in ink to prevent alteration? | | | |
| d. Are petty cash vouchers canceled upon reimbursement of the fund to prevent their reuse? | | | |

| **PAYROLL** | **YES** | **NO** | **N/A** |
|---|---|---|---|
| The following conditions are indicative of satisfactory controls of payroll:<br>i. Written authorizations are on file for all employees covering rates of pay, withholdings and deductions.<br>ii. The organization has written personnel policies covering job descriptions, hiring procedures, promotions, and dismissals.<br>iii. Distribution of payroll charges is based on documentation prepared outside the payroll department.<br>iv. Payroll charges are reviewed against program budgets and deviations are reported to management for follow-up action.<br>v. Adequate timekeeping procedures, including the use of time clock or attendance sheets and supervisory review and approval, are employed for controlling paid time.<br>vi. Payroll checks are prepared and distributed by individuals independent of each other.<br>vii. Other key payroll and personnel duties such as timekeeping, salary authorization and personnel administration are adequately separated. | | | |
| 1. Are payroll and personnel policies governing compensation in accordance with the requirements of grant agreements? | | | |
| 2. Are there procedures to ensure that employees are paid in accordance with approved wage and salary rates? | | | |
| 3. Is the distribution of payroll charges checked by a second person and are aggregate amounts compared to the approved budget? | | | |
| 4. Are wages paid at or above the Federal minimum wage? | | | |
| 5. Are procedures adequate for controlling:<br>(a) Overtime wages, (b) Overtime work authorization, and (c) Supervisory approval of overtime? | | | |
| 6. Are payroll checks distributed by persons not responsible for preparing the checks? | | | |

| **PROPERTY AND EQUIPMENT** | **YES** | **NO** | **N/A** |
|---|---|---|---|
| The following conditions are indicative of satisfactory control over property and equipment:<br>i. There is an effective system of authorization and approval of capital equipment expenditures.<br>ii. Accounting practices for recording capital assets are reduced to writing.<br>iii. Detailed records of individual capital assets are kept and periodically balanced with the general ledger accounts.<br>iv. There are effective procedures for authorizing and accounting for disposals.<br>v. Property and equipment is stored in a secure place. | | | |

| | | | |
|---|---|---|---|
| 1. Are executive authorizations and approvals required for originating expenditures for capital items? | | | |
| 2. Are expenditures for capital items reviewed for board approval before funds are committed? | | | |
| 3. Does the organization have established policies covering capitalization and depreciation? | | | |
| 4. Does the organization charge depreciation or use allowances on property and equipment against any grant programs that it administers? | | | |
| 5. Is historical cost the basis for computing depreciation or use allowances? | | | |
| 6. Are the organization's depreciation policies or methods of computing use allowances in accordance with the standards outlined in Federal circulars or agency regulations? | | | |
| 7. Are there detailed records showing the asset values of individual units of property and equipment? | | | |
| 8. Are detailed property records periodically balanced to the general ledger? | | | |
| 9. Are detailed property records periodically checked by physical inventory? | | | |
| 10. Are differences between book records and physical counts reconciled and are the records adjusted to reflect shortages? | | | |
| 11. Are there procedures governing the use of property and equipment? | | | |

| **INDIRECT COSTS** | **YES** | **NO** | **N/A** |
|---|---|---|---|
| 1. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? | | | |
| 2. Is the plan prepared in accordance with the provisions of 2 CFR 200? | | | |
| 3. Has audit cognizance for the plan been established and are the rates accepted by all participating Federal and State agencies? | | | |
| 4. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges as direct or indirect costs to all grants? | | | |

# ATTACHMENT 10: ROMA LOGIC MODEL

**COMMUNITY SERVICES DEPARTMENT**
**FY 20XX Financially Assisted Agencies (FAA)**
**ROMA Logic Model**
***All INFO MUST FIT ON THIS PAGE***

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Agency Name** | | | **Program Name** | | | | |
| **Name of person completing this logic model:** | | | **Email of person completing this logic model:** | | **Phone # of person completing this logic model:** | | |
| | | | | | | | |
| **Identified Problem, Need, or Situation** | **Service or Activity** | **Outcome** ***General statement of results expected*** | **Projected Indicator** ***# to achieve/# to be served; %; time frame*** | **Actual Indicator** ***# achieved/# served; %; time frame*** | **Measurement Tool** | **Data Procedures** | **Frequency** ***Data Collection and Reporting*** |
| | | | | | **Output Tool:** | **Who does it?:** | **Data Collection:** |
| | | | | | **Outcome Tool:** | **What is the process?:** | |
| | | | | | | **Where is the data stored?:** | **Data Reporting:** |
| **Mission Statement:** | | | | | | | |

## ROMA Logic Model Checklist

- Was the mission of the organization or program identified? (foundation)
- Is the need statement clear? (not a "need for a service" but the identification of what is needed or lacking) (Column 1)
- Does the service or activity match the need? (Columns 1-2)
- Does the outcome (column 3) match the need (column 1)? Can the outcome be produced by the identified service? (column 2) Ensure the outcomes are the required outcomes listed in the guidance (column 3)?
- Is the outcome realistic, clear, and attainable? (Column 3) (does the outcome avoid words like "received" as this makes the statement appear to relate only to the receipt of a service and not an outcome – rather say what has changed)
- Does the projected indicator provide a way to measure the outcome? Are the indicators realistic, clear, and attainable/ SMART? (column 4)
- Does the projected indicator include number to achieve the outcome, number to be served, the percent that represents the relationship between these two numbers and a timeframe? (column 4)
- If this is a logic model created after services have been delivered, identify the actual indicator, including actual numbers who achieved, actual number who were served, the percent that represents the relationship between the actual numbers, and the time frame (column 5). (This section is usually left blank).
- Analysis guidance: Are the actual results consistent with the projected numbers? What is the agency's ability to target its performance? Note: this is the percent that represents the relationship between the number who actually achieved and the number projected to achieve.
- Was a specific measurement tool(s) identified? Were both output and outcome measurement tools identified? (Column 6)
- Are the data collection procedures and personnel specific? (Column 7)
- Is the frequency of data collection sufficient to support monitoring progress and outcomes? Are the intervals of reporting clearly identified? (Column 8)

# ATTACHMENT 11: CONTINUOUS QUALITY MANAGEMENT/IMPROVEMENT

OVERVIEW:

Quality Management is a systematic, structured, and continuous approach to meet or exceed established professional standards and user expectations. Quality management is implemented by using tools and techniques to measure performance and improve processes through three main components: quality infrastructure, performance measurement and quality improvement.

Quality infrastructure is the structure and supports that allow the organization to measure performance and improve processes. Quality infrastructure components include leadership, quality improvement teams, quality related training/capacity building, and a written quality management plan. It is often difficult to sustain a success quality management program if the infrastructure components are missing or weak.

When most people think about quality management, performance measurement and quality improvement come to mind. Performance measurement is the routine collection and analysis of data. The analysis is completed by defining the data elements used to calculate the numerator and denominator. Performance measures must be based on established professional standards and/or evidenced based research, when possible.

Quality improvement is a method that uses the tools of quality in an effective, logical and systematic process to solve problems, improve efficiency and eliminate non-value adding steps in the work flow. There are many methods for quality improvement process, but in general they all involve and ongoing cycle of planning, implementation, analysis, improvement. It is important to conduct performance measurement and quality improvement activities in balance. Regularly measuring performance to see if the project is having an impact is critical.

A successful quality management program should:

- Have identified leadership, accountability, and dedicated resources available to the program.
- Use data and measurable outcomes to determine progress toward evidenced-based benchmarks.
- Focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement.
- Be adaptive to change and fit within the framework of other programmatic quality assurance and quality improvement activities (i.e., Joint Commission on the Accreditation of Healthcare Organizations [JCAHO], Medicaid, and other HRSA programs).
- Ensure that data collected are fed back into the quality improvement process so that goals are accomplished and improved outcomes are realized

WHY:

In order to continuously improve systems of care, evaluations of the quality of care should consider the service delivery process, quality of personnel and resources available, and the outcomes. The overall purpose of a quality management program is to ensure that:

- Services adhere to established service standards, treatment guidelines and established clinical practice, if applicable.
- Strategies are developed for improvement of services provided, including clinical services and supportive services.
- Demographic, clinical and utilization data are used to evaluate service trends and quality of care.

- Appropriate leaders and stakeholders are included throughout the quality improvement process.
- Continuous processes to improve quality of care are in motion.

Ensuring service effectiveness through evaluation has long been a priority of CSD. Over the past several years CSD has worked with funded agencies and key stakeholders to establish measurable outputs and outcomes. Extensive training has been provided on the value of and process to implement a quality management plan. Data collection and performance reports have led to recommendations supporting program improvements. This next phase of CSD's efforts to improve the quality of services is to add additional structure and contractual requirements, as well as dedicated financial resources. With providing additional funding support it is anticipated that CSD funded agencies through CQM will develop and deliver community trainings to translate knowledge from their research, planning and evaluation to improve quality.

HOW:

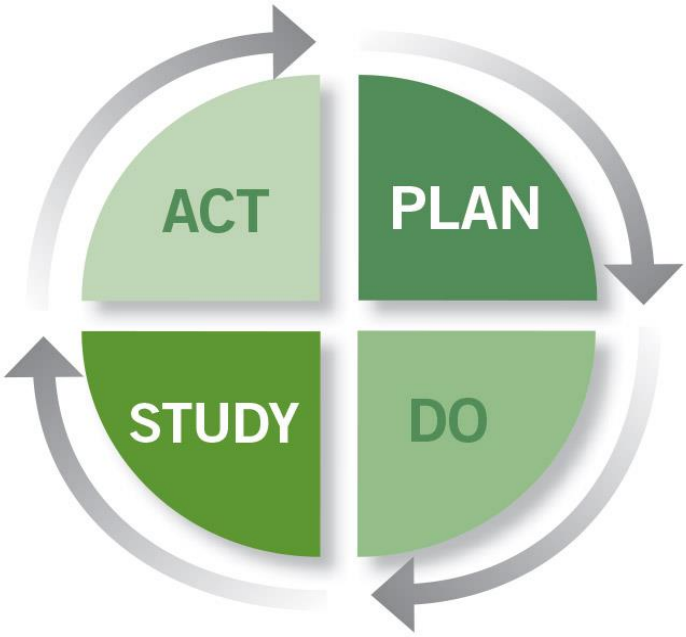
Funded agencies' expenses for Continuous Quality Improvement (CQI) activities are administrative and may be budgeted up to 5% of the contract amount.

Funded service providers must have:

- An active CQM project during the entire length of the contract; this can be one project that spans the length of the contract or multiple projects.
- Established processes for ensuring that services are provided in accordance with established treatment guidelines and standards of care, if applicable.
- Incorporated quality improvement activities into funding proposals (NOFO) and adhere to quality management contractual requirements

PLAN:

CQM Projects will follow the Plan-Do-Study-Act (PDSA) cycle, which is a systematic process for gaining valuable learning and knowledge for the continual improvement of a product, process, or service. The cycle begins with the Plan step. This involves identifying a goal or purpose, formulating a theory, defining success metrics and putting a plan into action. These activities are followed by the Do step, in which the components of the plan are implemented, such as making a product. Next comes the Study step, where outcomes are monitored to test the validity of the plan for signs of progress and success, or problems and areas for improvement. The Act step closes the cycle, integrating the learning generated by the entire process, which can be used to adjust the goal, change methods, reformulate a theory altogether, or broaden the learning – improvement cycle from a small-scale experiment to a larger implementation Plan. These four steps can be repeated over and over as part of a never-ending cycle of continual learning and improvement (definitions come from the Deming Institute). Training and templates for projects will be provided by CSD staff.


ACT
PLAN
STUDY
DO

# Continuous Quality Management Project

Plan Do Study Act ( PDSA) Form

**Start Date:** **End Date:**

**Project Title:**

**Agency Name:** **Project Lead:**

**Aim Statement (What you are trying to accomplish?):**

- **Specific**- targeted population
- **Measurable**- what to measure and clearly stated goal
- **Achievable**- brief plan to accomplish it
- **Relevant**- why is it important to do now
- **Time Specific**- anticipated length of cycle

**Test/Implementation Plan (Think about what changes you can make that will result in an improvement):**

**What change are you testing with the PDSA cycle(s)? Who will be involved in this PDSA? How long will the change take to implement? What resources will you need? List your action steps along with person(s) responsible and timeline.**

**Prediction:**

**Data Collection Plan (Think about how you will know the change is an improvement):**

**What data/measures will be collected? Who will collect the data? When will the collection of data take place? How will the data (measures or observations) be collected and displayed? What decisions will be made based on the data?**

# NOFO BUDGET WORKSHEET

| INSERT AGENCY NAME | INSERT PROGRAM NAME HERE | Palm Beach County Funds | Program Funder #2 | Program Funder #3 | Program Funder #4 | Total Program Funding (All Sources) |
|---|---|---|---|---|---|---|
| Program Period: | | Pending | Pending or Confirmed? | Pending or Confirmed? | Pending or Confirmed? | Pending |
| TOTAL PROGRAM FUNDING AMOUNT = | | | | | | |
| | | | | | | |
| **Program Expenses** | Narrative | Total | Total | Total | Total | Total |
| **Personnel** | | | | | | |
| Program Manager | Please note, any split funded positions should list other funders/amounts in following columns and the total for the full FTE should add up in column G. | | | | | |
| Program Assistant | | | | | | |
| Fringe Benefits - Program Assistant | | | | | | |
| Community Educator | | | | | | |
| | | | | | | |
| **Building /Occupancy** | | | | | | |
| Rent/Lease | | | | | | |
| Building Maintenance | | | | | | |
| Insurance | | | | | | |
| | | | | | | |
| **Utilities** | | | | | | |
| Electric | | | | | | |
| Water | | | | | | |
| Telephone | | | | | | |
| | | | | | | |
| **Project Supplies/Equipment** | | | | | | |
| Office Supplies | | | | | | |
| Postage/Shipping | | | | | | |
| Printing | | | | | | |
| Materials/Program Supplies | | | | | | |
| Equipment Rental | | | | | | |
| | | | | | | |
| **Professional Fees** | | | | | | |
| Conference Registration Fees | | | | | | |
| Training | | | | | | |
| Travel/Mileage | | | | | | |
| | | | | | | |
| TOTAL PROGRAM EXPENSES = | | $ - | $ - | $ - | $ - | $ - |
| | | | | | | |
| **Administrative Expenses** | Narrative | | | | | |
| **Personnel** | | | | | | |
| Executive Position #1 (NAME) | | | | | | |
| | | | | | | |
| **Consulting Fees** | | | | | | |
| XYZ Consultants | | | | | | |
| TOTAL ADMINISTRATIVE EXPENSES = | | | | | | |
| **Administrative % of PBC Award** | | #DIV/0! | | | | |

| INSERT AGENCY NAME | INSERT PROGRAM NAME HERE | Palm Beach County Funds | Program Funder #2 | Program Funder #3 | Program Funder #4 | Total Program Funding (All Sources) |
|---|---|---|---|---|---|---|
| Program Period: | | Pending | Pending or Confirmed? | Pending or Confirmed? | Pending or Confirmed? | Pending |
| UNIT RATE | Insert Unit Rate Amount: | | | | | |

Please Describe Proposed Unit Rate or Bed Night Rate Below, Include Detailed Calculations of How Rate Was Determined

Insert Unit Rate Description/Details

# PROGRAM BUDGET WORKSHEET (SAMPLE)

| Budget Items | Program Name | Palm Beach County | Program Funder #2 | Program Funder #3 | Program Funder #4 | Total Program Funding (All Sources) |
|---|---|---|---|---|---|---|
| Program Period: FY 2021 | | Proposed | Confirmed | Pending | Pending | Pending |
| TOTAL PROGRAM FUNDING AMOUNT = | | $ 129,500.00 | $ 45,000.00 | $ 17,500.00 | $ 7,500.00 | $ 199,500.00 |
| | | | | | | |
| **Program Expenses** | **Narrative** | **Amount** | **Amount** | **Amount** | **Amount** | **Amount** |
| **Personnel** | | **$ 89,900.00** | **$ 25,000.00** | **$ 10,000.00** | **$ -** | **$ 124,900.00** |
| Program Manager | Program manager position for community support service. Salary expense is 100% funded by PBC award and includes fringe benefits. | $ 60,000.00 | $ - | | | $ 60,000.00 |
| Program Assistant* | Program Assistant role is to support the program manager and community educator with daily tasks. This salary expense is 50% funded by PBC award. Total salary expense is $15,000 , with 50% allocated to PBC ($7,500). (Salary expense does not include fringe benefits) | $ 25,000.00 | $ 25,000.00 | $ - | $ - | $ 50,000.00 |
| Fringe Benefits - Program Assistant | Fringe benefits expense for Program Assistant. Fringe benefits for this position total ($1,800), with 50% allocated to Palm Beach County in the amount of $900. | $ 900.00 | | | | $ 110,000.00 |
| Community Educator | Community Educator position is the primary interface with local schools, charities and support groups. Total Salary (including fringe benefits) billed to Palm Beach County = $39,045. pays .8 FTE | $ 4,000.00 | | $ 10,000.00 | | $ 14,000.00 |
| | | | | | | |
| **Building /Occupancy** | | **$ 27,050.00** | **$ -** | **$ -** | **$ -** | **$ 27,050.00** |
| Programmatic Rent/Lease | *Note: Rent for areas that house admin staff should be listed seperately under admin seciton* Rent expense for Lake Worth facility. Total rental expense for FY16 = $35,000. Allocation to Palm Beach County award= $20,000. Remaining $15,000 will be paid by other operating income. | $ 20,000.00 | | | | $ 20,000.00 |
| Building Maintenance | Maintenance expense for building XYZ | $ 3,800.00 | | | | $ 3,800.00 |
| Insurance | Commercial, General, Liability Insurance | $ 3,250.00 | | | | $ 3,250.00 |
| | | | | | | |
| **Utilities** | | **$ 2,400.00** | **$ -** | **$ 1,500.00** | **$ -** | **$ 3,900.00** |
| Electric | Electric Utility Services expense for location X | $ 1,200.00 | | $ 1,000.00 | | $ 2,200.00 |
| Water | Water Utility service for location X | $ 850.00 | | $ 500.00 | | $ 1,350.00 |
| Telephone | Telephone expense for landline at location X | $ 350.00 | | | | $ 350.00 |
| | | | | | | |
| **Project Supplies/Equipment** | | **$ 4,900.00** | **$ -** | **$ -** | **$ -** | **$ 4,900.00** |
| Office Supplies | Office supplies for program staff | $ 500.00 | | | | $ 500.00 |
| Postage/Shipping | Postage expense for client related mailing | $ 750.00 | | | | $ 750.00 |
| Printing | Printing expense for program brochures | $ 650.00 | | | | $ 650.00 |
| Materials/Programs Supplies | Program related supplies used to support client base | $ - | | | | $ - |
| Equipment Rental | Monthly Equipment rental fee for use of X = $500 ($6000 per year). Palm Beach County to cover 50% of this expense ($3000). | $ 3,000.00 | | | | $ 3,000.00 |
| | | | | | | |
| **Professional Fees** | | **$ 2,950.00** | **$ -** | **$ -** | **$ -** | **$ 2,950.00** |
| Conference Registration Fees | Professional development program fee | $ 350.00 | | | | $ 350.00 |
| Training | Staff training expense for program/medical/intervention training for client support | $ 1,500.00 | | | | $ 1,500.00 |

| Budget Items | Program Name | Palm Beach County | Program Funder #2 | Program Funder #3 | Program Funder #4 | Total Program Funding (All Sources) |
|---|---|---|---|---|---|---|
| Program Period: FY 2021 | | Proposed | Confirmed | Pending | Pending | Pending |
| Travel/Mileage | Program staff mileage reimbursement for client and training related meetings | $ 1,100.00 | | | | $ 1,100.00 |
| | | | | | | |
| | TOTAL PROGRAM EXPENSES = | $ 122,300.00 | $ 25,000.00 | $ 11,500.00 | $ - | $ 158,800.00 |
| | | | | | | |
| **Administrative Expenses** | Narrative | | | | | |
| **Personnel** | | $ 4,250.00 | $ - | $ - | $ - | $ 4,250.00 |
| Executive Position #1 (JL) | A 5% allocation of the Executive Director salary expense (including fringe benefits) will be billed to Palm Beach County . Executive Director total salary expense = $85,000. 5% allocation to Palm beach County = % $4,250 | $ 4,250.00 | | | | $ 4,250.00 |
| | | | | | | |
| **Consulting Fees** | | $ 2,950.00 | $ - | $ - | $ - | $ 2,950.00 |
| XYZ Consultants | Accounting and audit expenses for program. Annual Accounting fee = $950, Annual Audit fee = $2,000. Total expense = $2,950 | $ 2,950.00 | | | | $ 2,950.00 |
| | TOTAL ADMINISTRATIVE EXPENSES = | $ 7,200.00 | $ - | $ - | $ - | $ 7,200.00 |
| **Administrative % of PBC Award** | | 6% | | | | |

**UNIT RATE** Insert Unit Rate Amount: $350/night

Please Describe Proposed Unit Rate or Bed Night Rate Below. Include Detailed Calculations of How Rate Was Determined

Unit rate is equal to (insert description); OR Unit Rate is 1 bed night and will be $350. This was calculated by determining the total number of beds in the facility (XXX) and maximum occupancy; OR Unit/Bed rate is a standard rate as determined by (insert agency/funder).

# ATTACHMENT 13: SCOPE OF WORK

## FY 2026 – 2028 SCOPE OF WORK AND SERVICES

**Agency Name:**
**Program Name:**
**Location:**
**Funding Priority:**

**Scope of Work**

A. **Program Description:**

B. **Priority/Focus Population**: Will be defined as …

   i. **Eligibility Criteria**: Individuals must reside in Palm Beach County with a mental health and/or substance use disorder including, but not limited to impairment in functioning, and/or behavioral or emotional disorders. Current or past traumatic stress may also be a factor wherein it impacts the Individual's overall wellness for Individuals who do not have a diagnosis.

   ii. **Documentation of Eligibility:** All Individuals will be screened for eligibility. Supporting documentation of eligibility will be retained in each Individual's file.

C. **Individuals Served:** A minimum of # unduplicated Individuals.

D. **Service Delivery:**

# ATTACHMENT 14: INSURANCE

Prior to execution of the agreement by the COUNTY, the AGENCY must obtain all insurance required under this article and have such insurance approved by the COUNTY's Risk Management Department.

A. AGENCY shall, at its sole expense, agree to maintain in full force and effect at all times during the term of the agreement, insurance coverage and limits (including endorsements), as described herein. AGENCY shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as COUNTY's review or acceptance of insurance maintained by AGENCY are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by AGENCY under the Agreement. Where permitted by the policy, coverage shall apply on a primary and non-contributory basis.

B. **Commercial General Liability** AGENCY shall maintain Commercial General Liability at a limit of liability not less than **$500,000** Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by COUNTY's Risk Management Department.

B. **Business Automobile Liability** AGENCY shall maintain Business Automobile Liability at a limit of liability not less than **$500,000** Each Accident for all owned, non-owned and hired automobiles. In the event AGENCY does not own any automobiles, the Business Auto Liability requirement shall be amended allowing AGENCY to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form.

C. **Workers' Compensation Insurance & Employers Liability** AGENCY shall maintain Workers' Compensation & Employers Liability in accordance with Florida Statute Chapter 440.

D. **Professional Liability** AGENCY shall maintain Professional Liability or equivalent Errors & Omissions Liability at a limit of liability not less than **$1,000,000** Each Claim. When a self-insured retention (SIR) or deductible exceeds **$10,000**, COUNTY reserves the right, but not the obligation, to review and request a copy of AGENCY's most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, AGENCY shall maintain a Retroactive Date prior to or equal to the effective date of the agreement. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims - made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non- renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of the agreement, AGENCY shall purchase a SERP with a minimum reporting period not less than three (3) years.

E. **Additional Insured** AGENCY shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents."

F. **Waiver of Subrogation** AGENCY hereby waives any and all rights of Subrogation against the COUNTY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss contract to waive subrogation without an endorsement to the policy, then AGENCY shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which specifically prohibits such an endorsement, or which voids coverage should AGENCY enter into such a contract on a pre- loss basis.

G. **Certificate(s) of Insurance** No later than the execution of the agreement, AGENCY shall deliver to the COUNTY's representative as identified in Article 24, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by the agreement have been obtained and are in full force and effect. The Certificate of Insurance shall be issued to

Palm Beach County Board of
Commissioners c/o Community Services
Department
810 West Datura Street
West Palm Beach, FL
33401
ATTN: Office of Behavioral Health and Substance Use Disorders

H. **Umbrella or Excess Liability** If necessary, AGENCY may satisfy the minimum limits required above for Commercial General Liability, Business Auto Liability, and Employer's Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for either Commercial General Liability, Business Auto Liability, or Employer's Liability. The COUNTY shall be specifically endorsed as an "Additional Insured" on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

I. **Right to Review** COUNTY, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverage, or endorsements, herein from time to time throughout the term of the agreement. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.