AMENDMENT 3

FY 2026 NOTICE OF FUNDING OPPORTUNITY (NOFO) INFORMATION GUIDANCE
For
Opioid Settlement Funds (OSF)
April 1, 2026 - June 30, 2028
FY 2026 - FY 2028

Released: October 10, 2025
Due date: November 12, 2025, at 12:00 PM (Noon) EST

Palm Beach County Board of County Commissioners (BCC)
Community Services Department (CSD)
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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) 2026 through 2028 (April 1, 2026 – June 30, 2028).

Proposed substance use, behavioral health and/or co-occurring disorder programs and services 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 pathway that is person-centered and recovery-oriented. One that is also focused on individuals, 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 disorder, 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." It is 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 substance use or co-occurring behavioral health and substance use disorder seeks help, they are met with the knowledge and belief of hope and 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.

Opioid Settlement Funds

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 FL_Opioids_Allocation_SW_Resp_Agreement.pdf. In the qualification form, 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 and the City/County Fund, wherein settlement proceeds go to cities and counties directly and the city or county determines 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.

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. (Resolution R2022-1340) Resolution R2022-1340 PDF. The BHSUCOD is charged with enhancing the County's capacity and effectiveness in formulating behavioral health and substance use disorder policies as well as offering 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" and complies with the Florida Plan requirement to have an opioid taskforce or other similar board.

In March 2024, the BHSUCOD released a draft update to the 2022 Plan. The BHSUCOD received regular community input and established a two-week period to receive public comment on the Behavioral Health and Substance Use Disorder Plan 2024 (2024 Plan). 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 BCC reviewed the 2024 Plan in May 2024, wherein it also received public comment. On October 22, 2024, the BCC unanimously approved the final version of the 2024 Plan, which incorporated public comments, and the opioid settlement fund expense plan as presented to the BCC. Furthermore, it also adopted the BHSUCOD's recommendation that opioid settlement funds should be spent as follows: 90 percent (90%) on social determinants of health prioritizing housing, recovery supports, care coordination, and environmental strategies to include youth, families, and community education; and 10 percent (10%) on deep-end and crisis care. In doing so, the BCC recognized that prior focuses on acute crisis care have not provided long-term results in the absence of addressing basic needs and other supportive services.

Community members and members of the BHSUCOD 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.

The adopted 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.

See 2024 Plan at:
The Behavioral Health and Substance Use Master Plan 2024

A. PROGRAM OVERVIEW: 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. Details on each of the levels can be found in **(Attachment 1)**

Resilience and Recovery Capital Indexing

CSD utilizes the Recovery Capital Index (RCI) to measure and assess resilience and recovery capital (**RCI Quick Guide Attachment 2**). It was deployed, system wide in 2019 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, called the Resiliency 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.

In September 2025, *CommonlyWell* re-assessed all RCI completions since December 2019, and normalized scoring due to the effects of COVID (2019-2021) and screened out participants that completed more than one RCI within a seven (7) day period. Ultimately, 7,200 RCI responses were analyzed with the following Mean (Average) and Median component scores. The five highest Average component scores demonstrate Resilience Factors and the five lowest Average component scores indicate Risk Factors.

Resilience Indicators	Mean Score	Median	Risk Indicators	Mean Score	Median
Sense of Purpose	81.0	87.5	Financial Well-Being	41.2	41.7
Beliefs	76.3	77.1	Knowledge and Skills	48.9	50.0
Spirituality (Component)	73.6	75.0	Employment	50.6	50.0
Healthy Lifestyle	72.2	75.0	Basic Needs (Component)	55.8	50.0
Safety	72.2	75.0	Transportation	56.9	54.2

Additional analysis identified the following factors that most strongly influence the top end of scores (resilience):

High-scoring and strongly associated components:
Social Healthy Lifestyle (Mean: 72.2; Median 75.0)
Social Safety (Mean: 72.2; Median 75.0)
Cultural Beliefs (Mean: 76.3; Median 75.0)
Cultural Spirituality (Component) (Mean: 73.6; Median 77.1)
Cultural Sense of Purpose (Mean: 81.0; Median: 87.5)

Conclusion: Improvements in **Social Capital** (especially healthy lifestyle/activities, safety, support and network) and **Cultural Capital** (purpose, beliefs/values, spirituality) are the strongest hallmarks of high total recovery capital.

Low-scoring and strongly associated components:

Personal Financial Well-Being (Mean: 41.2; Median: 41.7)
Personal Employment (Mean: 50.6; Median: 50.0)
Personal Knowledge & Skills (Mean: 48.9; Median 50.0)
Personal Basic Needs (Mean: 55.8; Median: 54.2)
Personal Transportation (Mean: 56.9; Median 50.0)

An additional barrier that the scores show, which is not in the bottom five risk factors but still on the low side, is Social Access to Healthcare (Mean: 59.7; Median: 58.3)

What this means is that RCI scores that fall on the lower end are largely driven by economic and access to basic needs (finances, employment, skills, transportation). Thus, these are the clearest risk levers applicants should consider for program design, directionality and funding priorities to influence positive impact particularly in building recovery-ready and resilient communities.

Social Determinants of Health

Critical to the BCC's goal of establishing a person-centered, recovery-oriented ecosystem of care is placing focus on social determinants of health (SDoH). CSD has engaged Florida Atlantic University's (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 define 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 that may be predetermined by geography, race, ethnicity, age, income, disability status, and several other factors.

As the Palm Beach County RCI data discussed above demonstrate, the primary factors contributing to low RCI scores are based on SDoH factors (personal financial wellbeing, employment, knowledge and skills, basic needs, transportation and social access to healthcare).

B. SERVICE CATEGORY

Palm Beach County Board of Commissioners (BCC) Community Services Department (CSD) invites eligible entities to submit proposals for the Opioid Settlement Funds Service Category and subcategories, as defined in this NOFO, for Fiscal Years 2026 – 2028 (April 1, 2026 –June 30, 2028).

The sole service category that is the focus for this NOFO is **Community Education and Engagement.** In it, there are three (3) subcategories: Family Supports; Recovery-Ready and Resilient Communities; and Screening, Brief Intervention and Referral to Treatment (SBIRT).

i. Family Supports

Palm Beach County seeks an agency and/or agencies to provide direct support to families navigating and experiencing a family member's substance use or co-occurring disorder, particularly parents, close relatives or grandparents who unexpectedly find themselves in the position of raising a second family and in so doing, face a variety of emotional, legal and daily challenges. Equally important is providing support to families involved in the child welfare system and criminal justice system due to substance use disorder. Supports for families may include, but are not limited to:

- Advocacy and activities aimed at empowering family members
- Family Therapy
- Peer Supports for families navigating various systems, such as Department of Children and Family Services, Criminal Justice, Solution-Focused Courts

Supports within this subcategory must consist of more than a single workshop or training; there must be individualization based on assessed need that offers continuity. The focus is to be on targeted strategies that strengthen and build resilience in families that are experiencing a family member's substance use or co-occurring disorder. Support must be ongoing with the aim of building skills that

empower and strengthen families, providing consistent follow-up and adaptability based on the specific family member seeking support. Strategies and approaches should be needs-based, individualized, data-informed, enable families to make informed choices, use shared decision-making, and be provided in a manner that builds on family strengths, leads to self-empowerment and increases resilience.

For additional information, please read A Guide to SAMHSA Strategic Prevention Framework https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf

ii. Resilient and Recovery-Ready Communities

Palm Beach County is looking for one or more agencies to help build stronger, healthier communities that are ready to support recovery. These agencies will work to build resilience and keep people involved over time, and use strategies like teamwork, building community coalitions and using community activism to bring communities together. The intent is to have ongoing activities which aim to utilize environmental and other strategies to:

- Reduce the stigma around substance use and mental health.
- Educate community members about substance use, mental illness, and co-occurring disorders beyond one-time trainings.
- Create communities that are recovery-friendly and supportive of recovery (i.e. faith communities, wellness resources and having recovery-supportive activities available within the community).
- Promote recovery-ready work environments and expand transportation and employment opportunities for individuals with substance use and/or co-occurring disorders. This may include educating employers how to handle substance use and mental health challenges in the workplace through supportive work environment, reducing stigma, hiring people in recovery, offering the right supports to help them succeed, and building workplace policies that promote resilience and recovery.
- Provide education for community members—especially parents and families—so they can better support loved ones dealing with substance use and mental health challenges, and help foster hope, connection and a sense of purpose.

The agency/agencies should bring people and groups together to build long-term partnerships to:

- Prevent opioid and other substance misuse.
- Change community attitudes toward substance use and mental illness (i.e., destigmatize).
- Help diverse groups work together on shared goals as it relates to substance use.
- Promote health and well-being by working with different groups and organizations, while also improving access to basic needs and support for the whole community.

Ultimately, the agency/agencies will be required to:

- Measure how resilient a community is and what risk factors it faces by using surveys (RCI), studies, data, and readily available community and county-level reports.
- Address the risk factors identified from the Resilience and Risk Factor Indicators analysis on pages 8-9 above, (financial well-being, knowledge and skills, employment, basic needs and transportation) and implement specific strategies related to these areas to foster recovery-ready communities.

Activities must strengthen individual community members, increase community resilience and build community-level capacity to address substance use and/or co-occurring disorders. Community level strategies must be needs-led and provided in a manner that builds on community members' strengths.

Activities must go beyond workshops and trainings to targeted strategies that occur throughout the period of funding. Proposals that target areas of high prevalence and incidences of overdose will receive higher ranking. Resources can be found in the "Overdose Surveillance Dashboard" located at this link: Data About the Overdose Epidemic | Florida Department of Health in Palm Beach. Fire Rescue data of substance use occurrences from January 2025 through September 2025 for Opioid, Alcohol, and Cocaine use is below.

Rank	ZIP Code	# of Opioid Patients	Approximate Area / City
1	33460	143	Lake Worth Beach
2	33461	45	Lake Worth / Palm Springs
3	33409	43	Haverhill
4	33417	38	Haverhill
5	33462	34	Lake Worth, Lantana, Hypoluxo

Close contenders for top 5:
33415 (34 patients) – Haverhill/Palm Springs
33411 (30 patients) – WPB/Royal Palm Beach
33406 (28 patients) – Lake Clarke Shores

Rank	ZIP Code	# of Alcohol Patients	Approximate Area / City
1	33460	223	Lake Worth Beach
2	33461	163	Lake Worth / Palm Springs
3	33462	137	Lake Worth, Lantana, Hypoluxo
4	33411	101	West Palm Beach / Royal Palm Beach
5	33467	96	Haverhill

Alcohol Use/Intoxication (Jan–Sep 2025)

- **33460** (Lake Worth Beach) has the highest volume of alcohol use/intoxication cases with **223 patients**, making it the highest priority area for targeted interventions.

Rank	ZIP Code	# of Cocaine Patients	Approximate Area / City
1	33460	20	Lake Worth Beach
2	33462	13	Lake Worth, Lantana, Hypoluxo
3	33461	9	Lake Worth / Palm Springs
4	33415	7	West Palm Beach
5	33411	6	West Palm Beach / Royal Palm Beach

Cocaine Related Disorders (Jan–Sep 2025):

- **33460** has the highest number of cocaine-related disorder cases with **20 patients**, making it the top priority area for intervention.
- The top 5 ZIP codes cluster around **Lake Worth, Lantana, West Palm Beach, and Palm Beach County** neighborhoods

Both Florida Department of Health OD2A data and Fire Rescue data high rates overdose and occurrence are within the cities of: West Palm Beach, Lake Worth, and Boynton Beach. Again, proposals that target areas of high prevalence and incidences of overdose will receive higher ranking.

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, identified as: outreach, consultation, involvement, collaboration, and shared leadership, each represent 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.

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 and recovery 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 education-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]

[1] Ashford, R. D., Brown, A. M., Ryding, R., & Curtis, B. (2020). Building recovery ready communities: the recovery ready ecosystem model and community framework. *Addiction Research and Theory*, *28*(1), 1-11

[2] SAMHSA Roundtable: Recovery Models Roundtable Background Materials (SAMHSA Program to Advance Recovery

iii. Screening, Brief Intervention, Refer to Treatment (SBIRT)

The County seeks an agency or agencies to work with and conduct training and education for private primary care physicians and mental health providers. Preference will be given to agencies who have experience working with private providers. "Screening, Brief Intervention and Referral to Treatment" (SBIRT). This evidence-based strategy is a public health model for individuals seen in various primary and behavioral health settings to identify and treat those who use alcohol and other drugs at risky levels.

The agency or agencies will be expected to provide training, education, technical assistance and referral resources that enable providers in primary care and behavioral health settings to deliver early intervention for individuals with risky alcohol and drug use, as well as ensure that individuals receive timely referrals to more intensive service options when 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.

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.

The aim of increasing the number of private primary care and mental health providers that implement SBIRT is to address the identified barriers and reduce risky alcohol and other drug use early, before it becomes a substance use disorder. Additionally, implementing this public health model aims to reduce the negative physical and behavioral health consequences of substance use. It also aims to integrate recovery management principles as part of SBIRT, which have 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.

For additional resources, please see the links below:

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/

Knowledge – "SPARK") (Dec. 2024)

Priority population: Marginalized Communities

Priority will be given to Applicants that provide services to Marginalized Communities 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 those living in poverty, uninsured and/or underinsured 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 and healthcare services, higher rates of incarceration and recidivism.

Partnering and Mentoring

This NOFO encourages grassroots organizations to apply or co-apply with another non-profit organization. Applicants are encouraged to enter into a collaborative partnership agreement with a grassroots organization that will provide the opportunity for the smaller or relatively new grassroots organization to enhance its infrastructure and build capacity to develop and sustain a future proposal, while working side by side with another more established non-profit organization. This type of arrangement will be given extra weight in scoring and ranking. It is strongly encouraged that a formal agreement is developed, which shows the collaboration beginning with the development phase of responding to this NOFO. The County is seeking agencies that will partner with grassroots organizations to provide hands-on guidance and mentoring that will help increase the number of grassroots organizations that are equipped with the necessary tools and strategies that will result in a successful application and funding through the County or other funders as a stand-alone non-profit organization. This type of collaborative partnership would include joint planning and mentoring throughout the process of preparing a response to a NOFO, developing a well-organized and well-written proposal, planning for implementation, and developing an evaluation plan that measures progress and outcomes. Agencies or organizations that decide to include grassroots organizations in this manner shall include budgeting for the grassroots organization as part of the mentorship. The expectation is that this will be a mutually beneficial partnership that includes an active role in development and implementation of the proposed program with appropriate financial payment for the partnering grassroots organization's role in the proposed program. Many grassroots organizations have contacts and relationships that will increase the reach of a larger organization's proposal, with historical expectations/perceptions that grassroots organizations receive minimal financial reimbursement for their work. The aim is to change this expectation/perception that grassroots organization's work is not sufficiently compensated financially. Formal agreements should clearly outline roles and responsibilities.

OSF Funding Requirements

Individuals served through OSF funding must be residents of Palm Beach County and all activities must take place within Palm Beach County.

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 take the place of any other funds, including, but not limited to, funding from other grants that have lapsed or shrunk, whether it is a county, state or federal grant. OSF funding is to be utilized as funding of last resort, meaning that other existing funding, such as insurance to pay for services, shall be exhausted before OSF funding is used. Funding shall be used exclusively to fund the programs or projects that align with the goals of the 2024 Plan and are a Core Strategy and/or an Approved Use under the State Opioid Settlement Agreement.
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)**

- Demonstrate alignment with the 2024 Plan. The Behavioral Health and Substance Use Master Plan 2024
- Identify the Core Strategies and/or Approved Uses that the proposal meets and identify how funding will be allocated for each strategy or approved use.
- Agree to utilize evidence-based or evidence-informed practices with fidelity.
- 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.
- Comply with the OSF Programmatic Requirements.
- Comply with State and County reporting requirements for OSF funds. (**See Attachment 3)**
- Comply with 2 Code of Federal Regulations (CFR) Part 200, which provides uniform administrative requirements, cost principles and audit requirements applicable to this funding source. https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200.

C. FUNDING AVAILABILITY

All proposals must be category-specific (Community Education and Engagement) and identify a subcategory as defined in this NOFO. Applicants are not limited to the number of proposals they may submit; however, to be considered for any funding, an applicant must complete and fully submit at least one (1) proposal.

All proposals must be specific to the Community Education and Engagement category and one or more of the three (3) subcategories as defined within this NOFO. Applicants must submit one application for each subcategory that is being applied for to be considered for funding. The Board of County Commissioners (BCC) has the sole authority to modify, reject, or approve funding recommendations under this NOFO.

Applicants are not limited to the number of proposals they may submit; however, the applicant must submit a unique proposal per service subcategory 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 the 2026-2027 State Fiscal Year (FY) is $1,610,000. It is anticipated that the same amount of funding will be available for each subcategory in FY 2027-2028 contingent on appropriation by the BCC.

Category	**Subcategory**	**Estimated Funds Available**
Community Education and Engagement Category		
Focus Population: Young Adults, Adults, and Families	Family Supports	$700,000.00
Focus Population: Young Adults, Adults, and Families	Community Engagement/Resilient and Recovery-Ready Communities	$700,000.00
Focus Population: Young Adults, Adults, and Families	SBIRT	$210,000.00
	Total	**$1,610,000.00**

D. REQUIRED OUTCOMES

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 the program duration (as defined by agency).
(Year 2 & 3)	70% of Participants will remain engaged in services for the program duration (as defined by agency).

Outcome	Participants will be provided with a referral to a Recovery Community Center as appropriate.
Indicator (Year 1)	60% of Participants for whom it is appropriate, will be referred to a Recovery Community Center.
(Year 2 & 3)	70% of Participants for whom it is appropriate will be referred to a Recovery Community Center.

Community Engagement/Resilient and Recovery Ready Communities

Outcome	Communities will be resilient and recovery ready.
Indicator	Community-based initiatives will be facilitated in a minimum of 10 neighborhoods/communities that will encourage the development of resilient and recovery-ready communities by June 30, 2028.

Outcome	Increased resilience at the Community level.
Indicator	Communities will increase resilience 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)

SBIRT Trainings for providers

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.

SBIRT Screenings for providers

Outcome	Increase the number of SBIRT Screenings.
Indicator	Increase the number of completed SBIRT screenings each year by 150.
Indicator	90% of individuals screened through SBIRT that have been identified as having risky substance use behaviors are referred for further assessment.

ADDITIONAL REQUIREMENTS FOR PROPOSALS

Measurement Tools

The RCI is to be utilized with Young Adult and Adult populations.

Outcomes

Program Outcomes are required to be in the logic model. By submitting a proposal, the Applicant Agency agrees to address and measure the outcomes noted in this NOFO Guidance document. Applicants are to use the outcome indicators in the appropriate subcategory as identified in this NOFO for each proposal submitted.

Continuous Quality Management (CQM)

All proposals will be required to develop and implement a CQM Plan and may allocate up to 5% of funds awarded to support the organization's CQM Plan.

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, which is every 30 days.

Applicant Agencies are required to administer Satisfaction Surveys, at minimum, at the time of discharge. It is recommended that surveys are taken while individuals are involved in a program so that results can be used to modify approaches and/or strategies during program implementation. Survey results are to be reported on a rolling quarterly basis via email to the Grant Compliance Specialist for the Office of Behavioral Health and Substance Use Disorder (OBHSUD).

Applicant Agencies are required to submit utilization and outcomes reports quarterly via email to the Grant

Compliance Specialist for OBHSUD and as an attachment to the Agency's quarterly invoices.

Applicant Agencies are required to comply with State and County OSF reporting requirements. (**See Attachment 3)**

Applicant Agencies will be required to register with the State to gain access to the Florida Opioid Implementation and Financial Reporting System (FOIFRS). To obtain access to FOIFRS, an access request email should be sent to: HQW.SAMH.Opioid.Data.Access.Support@myflfamilies.com

Data Software

Applicant Agencies applying for funding will be required to enter data into the Client Management Information Services (CMIS) Software system, or the Agency may seek approval from the County to use an approved data tracking spreadsheet.

Applicant Agencies will be required to register for access to the Online System for Community Access to Resources and Social Services (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 will be required to submit a Continuous Quality Management Project. This CQM submission will not be included as part of scoring.

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.

Through the initial term of the Agreement, an agency will evaluate its progress toward achieving the target goals stated in the program logic model. After self-assessment of its performance, agencies will work with the County to identify which outcome on the logic model it wants to improve, what strategy or intervention it will use to improve the CQM outcome and what its targeted change will be.

The targets and outcomes listed in the logic model will be evaluated, at a minimum, on an annual basis.

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 Community Education and Engagement Service Category will be considered non-responsive and will not be reviewed, scored or ranked. Each Subcategory will be scored and ranked separately, using the accompanying OSF scoring and ranking guide. **(See Attachment 4)**

PUBLISH/RELEASE DATE

October 10, 2025, at 5:00 PM EST

DEADLINE DATE

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

TECHNICAL ASSISTANCE

CSD will hold a **Technical Assistance conference** for Applicants on **October 17**, **2025,** from 10:00 AM to 12:00 PM. This meeting will be available in person at the CSD Basement Conference Room or virtually via WebEx. Please check the CSD website for changes to the meeting location.

https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m6b5893e9c2456186b1223b8e931132ef

Meeting number/ Access code: 2316 275 1624

Password: 2MJekDJcu59

Join by phone

+1-904-900-2303 United States Toll (Jacksonville)

1-844-621-3956 United States Toll Free

Additional **Technical Assistance conference** for Applicants on **October 20**, **2025,** from 10:00 AM to 12:00 PM. This meeting will be available in person at the CSD Human Services Conference Room or virtually via WebEx. Please check the CSD website for changes to the meeting location.

https://pbc-gov.webex.com/pbc-gov/j.php?MTID=me9ee82ff54bca270885a1dd6e1b0e29e

Meeting number/ Access code: 2317 583 0538

Password: jYbRdb2Pv66

Join by phone

+1-904-900-2303 United States Toll (Jacksonville)

1-844-621-3956 United States Toll Free

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 Community Services Department, located at 810 Datura Street, West Palm Beach, FL 33401, in the Basement Conference Room. The Community Services Department is open to the public.

Anyone interested in additional information may contact CSD by mail at 810 Datura Street, West Palm Beach, FL 33401, (ATTN: OSF NOFO) or 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: OSF NOFO) or by 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 should 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), are asked to 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, including any questions or clarifications about the NOFO must be made in writing and emailed to CSD-FAARFP@PBC.GOV. All questions and answers are required to be made available to the public and all applicants. Questions and answers will be posted and continuously updated until November 12, 2025, at:
https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx

The deadline for submitting questions to CSD is 12:00 PM (Noon) EST on November 7, 2025, which is one (1) business day before the submission deadline.

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

CONTACT PERSONS FOR OSF NOFO:

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

SCHEDULE OF EVENTS/TIMELINE

FY 2026 NOFO for OSF TIMELINE

DATE	ITEM	RESPONSIBLE
October 10, 2025	FY 2026 NOFO for OSF is posted for release on October 10, 2025, in Advantage	CSD
October 10, 2025	FY 2026 NOFO for OSF is posted on the AA NOFO Website: https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx	CSD
October 10, 2025	OSF NOFO Release Day - Available for Public at 5:00 PM EST	CSD
October 17, 2025	Virtual Technical Assistance Conference 10:00 AM EST	CSD and Applicants
October 20, 2025	Virtual Technical Assistance Conference 10:00 AM EST	CSD and Applicants
November 5, 2025	OSF NOFO Review Panelists Training	CSD
November 7, 2025	Final day to submit written questions 12:00 PM (Noon) EST	Applicants
November 12, 2025	**OSF NOFO PROPOSAL SUBMISSION DEADLINE – 12:00 (Noon) PM EST**	**Applicants**
November 12, 2025	Cone of Silence Begins for OSF NOFO	CSD, Applicants, Reviewers, BCC
December 3, 2025	Community Education and Engagement Subcategory: Community Engagement/Resilient and Recovery Ready Communities Review Panel meets to review and score proposals	CSD and Reviewers
December 4, 2025	Family Support & Recovery SBIRT Review Panel meets to review and score proposals	CSD and Reviewers
December 9, 2025	Family Support Review Panel meets to review and score proposals	CSD and Reviewers
December 9, 2025	Staff reconciles review panel scoring, ranking, and funding availability to develop recommended allocations	CSD
December 11, 2025	Staff posts scoring results on the Webpage	CSD
December 11, 2025	Presentation of FY 2026 NOFO for OSF Funding Recommendations to BHSUCOD	CSD BHSUD
December 22, 2025	Final date to file a Funding Grievance	Applicants

April 14, 2026	OSF Contracts Presented to the BCC for Approval	CSD
April 14, 2026	Cone of Silence Ends for FY 2026 NOFO for OSF	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 applications will be available for public inspection in compliance with the Florida Public Records Act.

ELIGIBILITY

Qualified entities submitting applications for OSF 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 funds. All subrecipients must at a minimum, meet the eligibility standards described below:

Nonprofit Applicants must:

- Hold current and valid 501(c)(3) status as determined by the Internal Revenue Service.
- Hold current and valid 501(c)(4) status as determined by the Internal Revenue Service. * Funding cannot be used for Lobbying- See OSF BHSUD Contract Template **Attachment 13.**
- Be chartered or registered with the Florida Department of State.
- Be incorporated for at least one agency fiscal year.
- Have provided the 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 12: INSURANCE**, if awarded funding.

While not a requirement, Applicants 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.). If you are currently unable to obtain accreditation, membership is strongly encouraged.

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 **November 12, 2025**, until the final OSF contract agreements (approximately April 14, 2026) 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:	April 1, 2026 – June 30, 2027, for 15 months, automatically renewable for up to two (2) additional 12-month periods.
OSF Start Date:	April 1, 2026 (State 2026-2027 Fiscal Year)
OSF End Date:	June 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 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 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 R2025-0748, as may be amended, the AGENCY 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, or genetic information. Failure to meet this requirement shall be considered default of the Agreement.

7. As a condition of entering into this Agreement, the AGENCY represents and warrants that it will comply with the COUNTY'S Commercial Nondiscrimination Policy as described in Resolution R2025- 0748, as amended. As part of such compliance, the AGENCY shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or genetic information in the solicitation, selection, hiring or commercial

treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the AGENCY retaliate against any person for reporting instances of such discrimination. The AGENCY shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting 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 AGENCY understands and agrees that a material violation of this clause shall be considered a material breach of this Agreement and may result in termination of this 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. AGENCY shall include this language in its subcontracts.

Additional terms and conditions will be included in the program agreement and are contained on the CSD website.

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

9. Required Elements for Proposals

All proposals must:

- Demonstrate alignment with Palm Beach County's Resilience and Recovery Ecosystem of Behavioral Health and Substance Use Disorder Care. **(See Attachment 1)**
- Demonstrate alignment with the 2024 Plan. The Behavioral Health and Substance Use Master Plan 2024
- Identify the Core Strategies and/or Approved Uses that the proposal meets and identify how funding will be allocated for each strategy or approved use.
- Agree to utilize evidence-based or evidence-informed practices with fidelity.
- 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.
- Comply with the OSF Programmatic Requirements.
- Comply with State and County reporting requirements for OSF funds. **(See Attachment 3)**
- Comply with 2 Code of Federal Regulations (CFR) Part 200, which provides uniform administrative requirements, cost principles and audit requirements applicable to this funding source. 2 CFR Part 200 (up to date as of 1-22-2025).

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 implementation of the proposal, such as:
    - Providing sensitive caregiving, close relationships, and social support
    - Instilling a sense of belonging, cohesion

- Supporting and helping with self-regulation, family management, group or organization leadership
- Instill hope, optimism, and confidence in a better future
- Instill purpose and a sense of meaning
- Support positive habits, routines, rituals, traditions, celebrations

10. Scoring

Qualified entities are invited to submit applications to provide services to Palm Beach County residents. The Review Panel will score all proposals based on how clear the proposal is, how comprehensively it addresses the subcategory, including what was noted in terms of what the County is looking to fund, and overall, how responsive it is to the requirements that have been outlined in this NOFO. Although scoring is done individually by each panelist, part of the scoring process includes discussing amongst the panelists, each proposal's strengths, missed opportunities and overall quality.

The SCORE awarded to a proposal is reflective of how competitive the proposal is. (**See Attachment 4**)

11. Ranking

After all proposals in the subcategories are scored, the panel of reviewers will rank all proposals based on how critical the services are to the ecosystem of care. The order of ranking must be by consensus of all reviewers on the panel. (**See Attachment 4**)

12. 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.

13. Experiencing Unforeseen Technical Issues:

An applicant that experiences unforeseen technical issues beyond its control with the WebAuthor/SAMIS system, which prevents it from submitting its application by the deadline, must contact the CSDFAARFP@PBC.GOV to report the technical issue, Monday through Friday between the hours of 9:00 a.m. and 5:00 p.m., Eastern Time (ET within 24 hours after the application deadline to request approval to submit its application after the deadline. The applicant's email must describe the technical difficulties, and must include a timeline of the applicant's submission efforts. Note: CSD does not automatically approve requests to submit a late application even in the event of technological difficulties. After CSD reviews the applicant's request, and verifies the reported technical issues, CSD will inform the applicant whether the request to submit a late application has been approved or denied. If CSD determines that the late application submission was due to the applicant's failure to follow all required procedures, CSD will deny the applicant's request to submit its application.

The following conditions generally are insufficient to justify late submissions:

- Failure to follow each instruction in the CSD NOFO.
- Failure to complete all required questions within the application.
- Technical issues with the applicant's computer or information technology environment, such as issues with firewalls or browser incompatibility.

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 FY 2026 NOFO for OSF Application and NOFO Guidance is for reference purposes only. Proposals must be submitted through the CSD NOFO Application Submission website.

All agencies applying for OSF funds must complete and submit all items listed below.

The deadline for application package submission is **November 12, 2025, at 12:00 PM (Noon) EST**. 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 FY 2026 NOFO for OSF
- Aligned with this NOFO Guidance Document.
- Understandable to people unfamiliar with the agency, your programs or areas of expertise.
- Specifically addresses the funding priorities set out in this NOFO.

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

OSF Review Panel meetings, during which the Panel will review and score all applications, are open to the public and scheduled as follows:

December 3, 2025, at 9:00 AM for Community Engagement/Resilient and Recovery Ready Communities proposals

December 4, 2025, at 9:00 AM for Family Supports and SBIRT proposals.

December 9, 2025, at 11:00 AM for Family Supports.

End times for the Review Panel meetings will be dependent on the number of applications received. Please check the CSD website for any 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 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 Panel Scoring and Ranking Public Meetings

Community Education and Engagement –
Subcategory: Community Engagement/Resilient and Recovery Ready Communities
Day 1, December 3, 2025 (9:00 am to 4:00 pm)
CSD's Basement Conference Room and Virtual

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

Community Education and Engagement
Subcategories: Family Supports and SBIRT
Day 2, December 4, 2025 (9:00 am to 4:00 pm)
CSD's Basement Conference Room and Virtual

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

Community Education and Engagement
Subcategories: Family Supports
Day 3, December 9, 2025 (11:00 am to 2:00 pm)
CSD's Basement Conference Room and Virtual

View the FAA Website for the Virtual Meeting link:
https://pbc-gov.webex.com/pbc-gov/j.php?MTID=md7cae283ea221a9fc2dbe985e13af9c2

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: 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: OSF NOFO), or 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: OSF NOFO), 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.

Individuals 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 NOFO for OSF 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 Application Required FY 2026 NOFO for OSF Cover Sheet
Click to download the REQUIRED FY 2026 NOFO for OSF **Cover Sheet Template.** See **Attachment 5**.
Please upload once you have completed the form.

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

NOFO Information Document
Click to download the **FY 2026 NOFO for 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 6**)

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 (2,000 Characters)
Please describe how your agency responds to requests for a performance improvement plan.

FY 2026 NOFO for OSF

1. Select the Category

Community Education and Engagement Category

2. Select the Program Subcategory (limited to one (1) Subcategory per application):

1. Family Supports
2. Community Engagement/Resilient and Recovery Ready Communities
3. SBIRT

3. Focus Population(s) to be served
Select All that Apply:
a. Young Adults
b. Adults
c. Families

4. Focus Population (3,000 Characters)
a. Define the population you intend to serve. Discuss how your proposal will address the unique needs of this population.

5. Use of Funding
Is this funding being used for the following?
a. Match Funding to state or federal funding
b. Other Funding Source (Explain) **(1,000 Characters)**

6. OSF State Core Strategies/Approved Uses
Indicate which core strategy your proposal is aligned with using the document.
(Attachment 7)

Download the REQUIRED Opioid Settlement Funding Agreement Information Template. (**See Attachment 7**).
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)**CoreStrategiesFY26**

7. Participant Eligibility (1,000 Characters)
Describe your criteria and screening process for participant eligibility (i.e., socio-economic, insured/uninsured status, etc.), and retention of documentation of eligibility.

8. Geographic Location (3,000 Characters)
Will your program focus on specific geographic locations within Palm Beach County? If so, specify location (i.e., town, zip codes (if known), community, neighborhood). Briefly describe why this location is your focus for the proposal.

Program Implementation and Design (30 Points)

Overarching Principles
Please respond to the following questions. Consider the overarching principles and the category descriptions, including what the County is seeking, that were 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 and your history of providing the proposed services (including collaborating partner(s) history of providing the proposed services as applicable).

10. System of Care Service Delivery (10,000 Characters)
Describe how you plan to deliver the program and how the services and/or strategies fit within a person-centered recovery-oriented ecosystem of care.

11. Evidence-Based, Evidence Informed and/or Promising Practices and Tools (5,000 Characters)
Describe any evidence-based practices, evidence-informed approaches and/or promising practices you intend to utilize and why these were selected.

12. Alignment with Principles (3,000 Characters)
Describe how your proposed activities align with SAMHSA's definition of Recovery and the 4 Major Dimensions that support a life in Recovery.

Program Implementation

13. 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.

14. 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.

15. Strategies and Services (10,000 Characters)

(A) Describe what strategy/strategies will be utilized in the service category? Why were the strategy/strategies 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

16. Program Assessment (10,000 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.

Collaborations and Partnerships

17. Collaborations and Partnerships (6,000 Characters)
If your proposal involves collaborating or partnering with other organizations to implement the proposed

project, please identify the organizations with which Applicant's organization will collaborate or partner (i.e. Fiscal Agent). Attach a current copy of the Agreement or MOU/MOA.

Describe roles and responsibilities of the collaboration or partnership to implement the proposed project if funded.

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** or ***(Agency Name or Initials)*****MOU/MOA**, as applicable.

18. 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.

Evaluation Approach (30 Points)

19. 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.).

20. 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.

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

22. Logic Model
Click to download the ROMA Plan/Logic Model template. Please upload once you have completed the form. (**See Attachment 8**)

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.
    a. Please upload your document in the same format as the template: .**xls or .xlsx**
    b. Please name your document as such: ***(Agency Name or Initials)*** **ROMALM_FY26**

23. Continuous Quality Management/Improvement (Not scored)

Click to download the CQM template. Please upload once you have completed the form. (**See Attachment 9**)

Organizational Capacity (25 Points)

24. 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.

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

- RCI training
- Trauma-Informed Care (TIC), Motivational Interviewing (MI) training
- Other program specific training directly related to the Applicant's proposal

26. Co-Occurring Disorders (5,000 Characters)
Describe prior experience in delivering services that simultaneously encompass both substance use and co-occurring disorders. Include data on the results of these efforts.

27. Coordinated Care (4,000 Characters)
Describe how you will incorporate coordinated care in your proposed program.

28. 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)

29. Warm Hand-Offs (6,000 Characters)
Describe how your proposal will ensure that individuals receive warm hand-offs to other services and resources. (As applicable)

30. 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.

Program History

31. Prior Outcomes (4,000 Characters)
Discuss prior outcomes and other relevant data that demonstrate the success you have had in the provision of the services you intend to provide 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.

32. Monitoring (5,000 Characters)
Discuss any findings from prior program monitoring. Identify any findings that were made, program response to findings, and how they were addressed.

33. Nonprofit First Certification (Not Required and Not Scored)
Is Agency accredited by Nonprofits First or another Accreditation body?
Select: Yes or No

34. Accreditation and Certification (Not Required and Not Scored)
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

35. Referrals (2,000 Characters)
Identify what, if any plans you have to refer individuals to a recovery community organization/recovery community center and/or other service organizations, if applicable?

36. Program Sustainability (5,000 Characters)
Describe how your organization will continue to address this need or solve this problem when the OSF funding period ends.

Budget (15 Points)

37. 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%. The Budget Justification must be thoroughly completed. (Please describe in the narrative section, in detail, each of the line items requested in the budget. Employee positions should include brief descriptions of their duties in the program. If an employee's salary or a portion thereof is being charged to the budget for your proposal, include the time-keeping mechanisms that will be utilized to ensure that OSF funds are exclusively being utilized to support the proposal. If you are charging an indirect/administrative cost rate, then you must remove any other line items related to indirect/administrative expenses.

Click to download the REQUIRED **FY 2026 Budget Worksheet Template**. (**See Attachment 10**) Please upload once you have completed the form.

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

38. 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**

39. Audit Report (Fiscal)
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**

40. Audit Report Corrective Actions Explanation (5000 Characters)
Please provide any Audit Report Corrective Actions Explanation, if applicable.

41. 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____**

42. 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**

43. YEFA/IRS 990 Explanation (1,000 Characters)
Please provide any Year End Financials/IRS Form 990 explanation, if applicable.

44. Unit Cost (4,000 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.

If using Actual Cost reimbursement, provide a description of how you will document the expenses.

45. OSF Funding
Is OSF funding being used to replace another funding source?
Select: Yes or No

If yes, please explain and identify other funding source that OSF is replacing.

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.

46. Scope of Work (SOW) Template

Click to download the REQUIRED **FY 2026 Scope of Work Template**. (**See Attachment 11)**
Please upload once you have completely filled it out.

- **a.** Please submit SOW in one of the following formats: **.doc** OR **.docx (Please <u>do not submit as a pdf</u>).**
- **b.** Please name your SOW as such: ***(Agency Name or Initials)*** **SOWFY26**

47. Target Population (200 Characters)

Briefly explain your target population.

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

49. Services (1,000 Characters)
List in numbered paragraphs the services you will be providing to participants.

50. Unit of Service Rate and Definition (USRD) Template

Click to download the REQUIRED **FY 2026** Unit of Service Rate and Definition **Template**. (**See Attachment 13)**

Please upload once you have completely filled it out.

a. Please submit Unit of Services Rate and Definition the following formats: .doc OR .docx (**DO NOT** submit in PDF format)

b. Please name your Unit of Services Rate such: (Agency Name or Initials)Unit Rate FY26

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 Review Panel members.
- Review Panel members shall be trained, as appropriate, and receive submitted applications.
- Applications for OSF funding shall be reviewed, discussed, scored, and ranked by the Review Panels.
- Funding recommendations will be posted to the CSD website once all proposals are scored and ranked.
- Applicant(s) have seven (7) 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.

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SECTION VI: GRIEVANCE NOTICE FORM

FY 2026 NOFO for OSF Grievance Notice Form
Palm Beach County Community Services Department

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.

Care Coordination - Care coordination involves deliberately organizing individual care activities and sharing information among all of the service providers concerned with an individual's care to achieve safer and more effective care. This means that the individual's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the individual.[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 a service provider. It aims to reduce barriers to services 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.

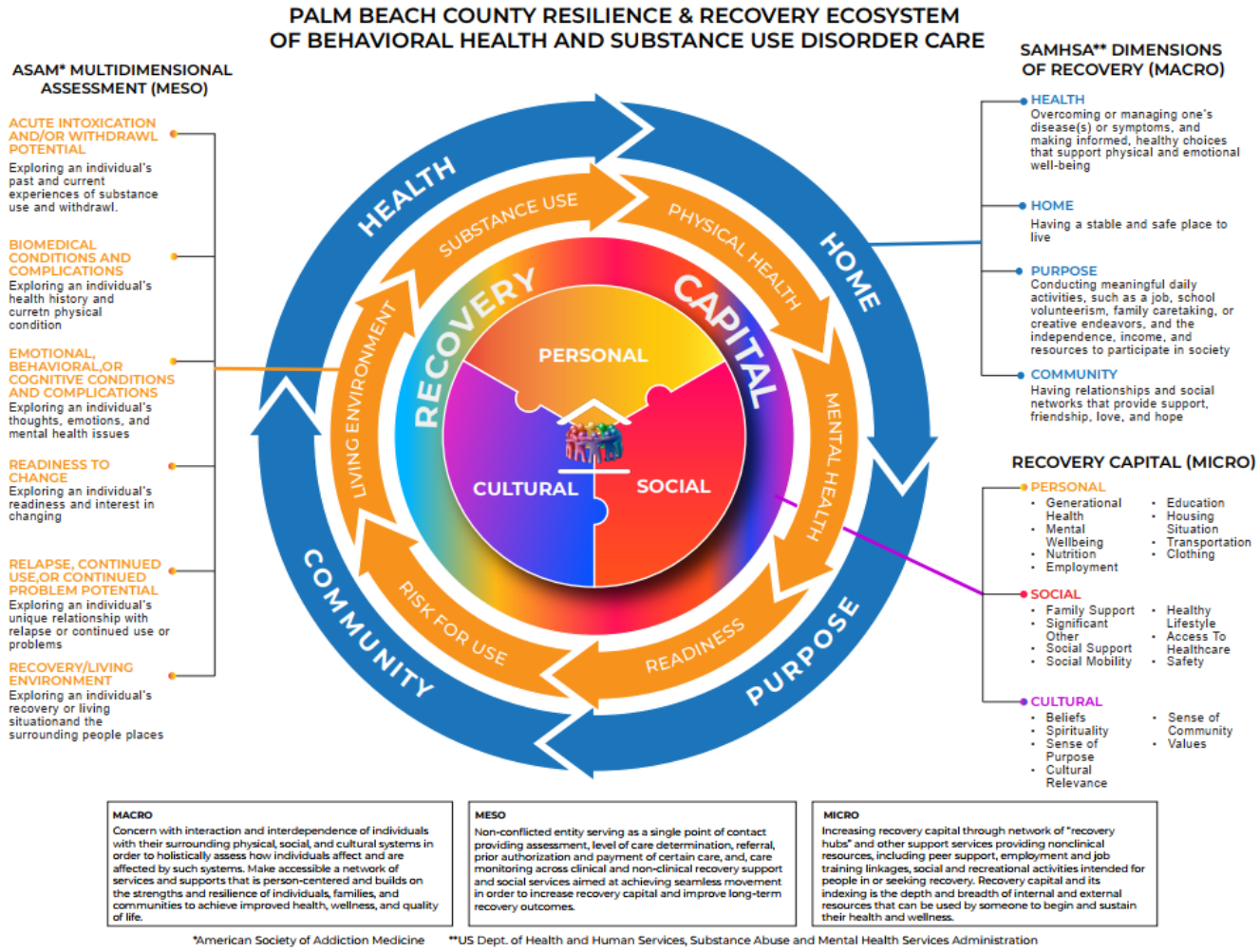
Trauma Informed Care (TIC) Model – An approach that recognizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system, responds by fully integrating knowledge about trauma 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.

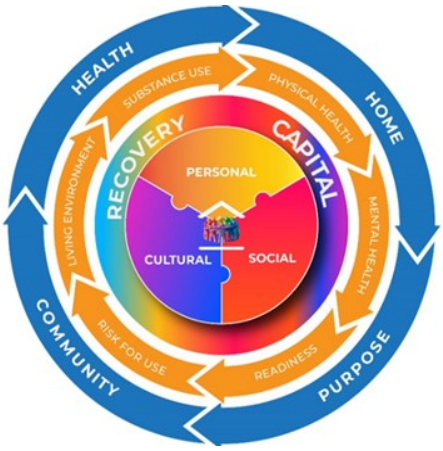
[3] Internet Citation: Care Coordination. Content last reviewed November 2024. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/ncepcr/care/coordination.html

ATTACHMENT 1: PALM BEACH COUNTY RESILIENCE & RECOVERY ECOSYSTEM



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 are 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 Meso 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 offer 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.

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ATTACHMENT 2: 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.

ATTACHMENT 3: STATE AND COUNTY OSF REPORTING AND RETENTION 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 (refer to: F.S. 215.97 Florida Single Audit Act).
    - 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.

For additional information, please see: https://www.dropbox.com/scl/fi/63tkre5ewz4t6eedkuocl/FL-Opioids-Allocation-SW-Resp-Agreement-with-

Exhibits.pdf?rlkey=u15tc1iddeczhlfdxaq1j2kjg&e=1&st=8qwdchlx&dl=0

Access to the Opioid Data Management System.

Please find the link below to the Smartsheet request access form. Additionally, there are few important points to keep in mind:

- **DCF-SAMH Office of Opioid Recovery User Access Request Form** [app.smartsheet.com]
- Each person needing access should complete the Smartsheet form.
- First-time requestors should select **"Add New User"** in the Action Requested box dropdown.
- Ensure that the checkbox for **"Check here when you are ready to proceed with the rest of the form"** is selected, as it will reveal the remaining questions.
- The CF112 **Confidentiality Nondisclosure Agreement link is provided within the form.** If you've completed this agreement and the DCF Security Awareness Certificate within the past 365 days, you may attach the same documentation.
- If you need to complete the DCF Security Awareness training video, our team will set you up in the My FL Learn training portal, and you will receive a separate email with setup instructions.

Please allow at least 72 business hours to receive your invitation to activate your account. We recommend bookmarking the link for easy access later. Should you have any questions or require further assistance, please feel free to reach out.

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ATTACHMENT 4: NOFO SCORING AND RANKING GUIDE

FY 2026 OSF NOFO

Program Implementation and Design Questions (30 Points)				
	Criteria	**0-10 points**	**11-21 points**	**21-30 points**
9. Description of the proposed program	Clarity, completeness, relevance	The proposal is vague, missing key components, or unclear	The proposal is mostly clear, covers the main components, but lacks detail	The proposal is detailed, clear, and fully explains all key components of the program
10 Description of System of Care Service Delivery	Alignment with person-centered recovery principles, clarity of the delivery plan	The delivery plan is unclear or not aligned with recovery-oriented care. Service delivery within the person-centered recovery-oriented ecosystem of care is not at all integrated throughout the proposal	The delivery plan is somewhat clear and partially addresses the alignment of the system. Service delivery within the person-centered recovery-oriented ecosystem of care is not as integrated throughout the proposal.	The delivery plan is clear, actionable, and addresses the alignment of the system. Service delivery within the person-centered recovery-oriented ecosystem of care is integrated throughout the proposal.
11. Description of Evidence-Based/Promising Practices and Tools	Appropriateness, justification, and understanding of selected practices	Practices are poorly justified, and do not include at least one evidence-based or promising. and the explanation of why the strategies chosen were selected and how it is linked to the desired outcomes is incomplete, missing, or does not seem reasonable for achieving the identified program goals and outcomes	Practices are somewhat justified with at least one evidence-based and/or promising practice, and the explanation of why chosen strategies 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.	Practices are well-justified, clearly evidence-based, evidence-informed, or promising, with a strong rationale and cohesive explanation for the selection of why the practices were selected and why these choices are best for this proposal.
12. Description of Alignment with SAMHSA Principles	Connection to SAMHSA Recovery principles and 4 dimensions	Little or no connection to SAMHSA Recovery principles.	Some connection to SAMHSA Recovery principles, but does not connect activities from the proposal to Recovery and Resilience, and/or explain how the proposal will align with the	Strong, clear alignment with SAMHSA Recovery principles and all 4 dimensions explained.

			CDC's social determinants of health.	
13. Description of Person-Centered Resiliency and recovery-oriented ecosystem of care experience	Relevance, depth, demonstrated experience	Minimal or no relevant experience; unclear. Recovery and Resiliency are superficially addressed with little substance or context to the actual proposal.	Some relevant experience with partial explanation. Recovery and Resiliency are addressed with some substance and context to the actual proposal.	Extensive relevant experience clearly articulated. Recovery and Resiliency are addressed comprehensively and are well integrated into the proposal.
14. Incorporation of the RCI	Understanding and application of RCI requirements	Does not address RCI or incorrectly applies it	Addresses RCI partially or superficially	Fully addresses RCI, clearly explains integration into program design
15-A. Strategies and Services	Appropriateness, justification, expected outcomes	Strategies unclear, not justified, outcomes not defined, not responsive to what the County is seeking in the category.	Some strategies are described with partial rationale and expected outcomes, partially responsive to what County is seeking in the category.	Strategies are clear, justified, evidence-informed, with well-defined expected outcomes, and clearly aligned and responsive to what the County is seeking in the category.
15-B. Description Menu of Services	Comprehensiveness, relevance, inclusion of beneficiaries, and outreach	Services are incomplete, missing key elements, or unclear	Services are described with moderate clarity and some focus on beneficiaries	Comprehensive, clearly described services, including all intended beneficiaries, family, community, and outreach strategies.
16. Tools/assessments	Appropriateness, frequency, standards, expected outcomes	Tools/assessments vague or inappropriate; outcomes unclear	Some tools are described with a partial explanation of standards and outcomes	Tools/assessments clearly described, standards defined, frequency and expected outcomes fully articulated
17. Collaborations/Partnerships	Clarity of partners, roles, and responsibilities; documentation completeness	Partners unclear, roles poorly defined, and no MOA/MOU or MOU/MOA are not connected to the proposal to make an impact.	Partners identified with partial role clarification and MOU or MOA is somewhat connected to the proposal to make an impact. It somewhat clearly states the	Partners clearly identified, roles/responsibilities well-defined. MOU or MOA is directly connected to the proposal to make an

		It does not clearly state the joint planning and mentoring throughout the process of preparation and through implementation. The MOU/MOA does not provide a clear role and responsibility delineation and does not provide appropriate financial remuneration to the smaller non-profit, grass-roots organization. /MOA attached or	joint planning and mentoring throughout the process of preparation and through implementation. The MOU/MOA somewhat provides a clear role and responsibility delineation and somewhat provides appropriate financial remuneration to the smaller non-profit, grass-roots organization.	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 through implementation. The MOUMOA provides clear role and responsibility delineation and provides appropriate financial remuneration to the smaller non-profit, grass-roots organization.
18. Program Barriers	Realism, completeness, and clarity of mitigation strategies	Barriers unaddressed or a mitigation plan missing	Some barriers were identified with the partial mitigation plan. The plan seems reasonable, with strategies not clearly developed, and the feasibility is questionable.	Barriers were clearly identified, and mitigation strategies are well-developed, realistic, and feasible.

Evaluation Approach (30 Points)				
	Criteria	**0-10 points**	**11-21 points**	**21-30 points**
19. Evaluation Methods	Completeness, clarity, integration of RCI, use of tools, fidelity, and plan for modifying activities	Evaluation methods are unclear, lack integration with RCI, or do not include tools/fidelity considerations	Evaluation methods are partially described, including some integration with RCI, basic use of tools, and a modification plan	Evaluation methods are thorough, clearly integrate RCI, include appropriate tools, fidelity monitoring, and well-defined modification strategies
20. Data Collection	Frequency, types, and ongoing use of data	The data collection plan is unclear, insufficient, or unrealistic	The data collection plan is partially described, frequency or types of data incomplete	The data collection plan is comprehensive, clearly describes frequency, types of data, and ongoing use to inform program decisions

Evaluation Approach (30 Points)				
	Criteria	**0-10 points**	**11-21 points**	**21-30 points**
21. Data Utilization	Practical application, clarity, relevance to program goals	Examples unclear or irrelevant; does not demonstrate use of data for improvement	Example partially demonstrates the use of data to improve outcomes	An example clearly demonstrates how data will be used to plan with individuals and improve outcomes
22. Logic Model	Specific, Measurable, Achievable, Realistic, Time-bound Alignment with NOFO requirements	Outcomes vague, not SMART Outcomes not aligned with NOFO	Outcomes are somewhat SMART but partially defined Outcomes partially aligned	Outcomes are fully SMART and clearly aligned with program goals Outcomes clearly align with all required NOFO outcomes
23. Continuous Quality Management/Improvement	Not scored	N/A	N/A	N/A
Organizational Capacity (25 Points)				
	Criteria	**0-8points**	**9-17 points**	**18-25 points**
24. Key Personnel	Clarity, completeness, identification of staffing needs, and inclusion of partners	Roles unclear or missing, staffing needs not addressed	Roles are mostly described, with partial clarity on staffing and partners	Roles are clearly described, staffing needs are addressed, partner roles are included, and well-defined
25. Trainings	Relevance, incorporation into service delivery, and coverage of required training	Training not addressed or irrelevant, no connection to service delivery	Some training(s) were described and partially integrated into service delivery	Training is clearly described, relevant, and fully integrated into service delivery
26. Co-Occurring Disorders	Demonstrated experience, outcomes, relevance	Minimal or no relevant experience; outcomes not provided	Some experience described with partial outcome data	Strong, relevant experience clearly described, with detailed outcome data
27. Coordinated care	Clarity, feasibility, alignment with program goals	Coordinated care plan unclear or missing	Coordinated care plan partially described	Coordinated care plan clearly articulated, feasible, and well-aligned with program goals

28. No Wrong Door Approach	Clarity, feasibility, demonstration of barrier reduction	Approach unclear, not feasible, barriers not addressed	Approach partially described, some barriers addressed	Approach clearly described, feasible, and effectively addresses barriers
29. Warm hand-offs	Practicality, clarity, participant focus	Hand-offs unclear, insufficient, or impractical	Hand-offs partially described limited focus on participants	Hand-offs clearly described, practical, and centered on participant needs
30. Population Expertise	Relevance, expertise, capacity to serve population	Organization/partners not clearly qualified or appropriate	Organization/partners partially appropriate, limited explanation	Organization/partners clearly appropriate, demonstrated expertise and capacity to serve population
31. Prior Outcomes	Evidence of program success, relevance, and clarity	Minimal or no data; unclear outcomes	Some relevant data with partial explanation	Clear, relevant, and well-documented outcomes demonstrating success
32. Monitoring	Identification of findings, responses, and resolution	Findings not described or not addressed	Findings are partially described with a limited response	Findings clearly identified, responses well-articulated, and resolution demonstrated
34. Accreditation and Certification	Not Scored	N/A	N/A	N/A
35. Referrals	Plans for connecting individuals to recovery resources	No or unclear referral plan	Referral plan partially described	Clear, actionable plan for referring individuals to appropriate services
36. Program sustainability	Clarity, feasibility, long-term planning	Sustainability plan unclear or missing	Sustainability plan partially described	Clear, feasible, and detailed plan for sustaining the program beyond funding period
Budget (15 Points)				
	Criteria	**0-5 Points**	**6-10 Points**	**11-15 Points**
37. FY 2026 Proposed Program Budget	Completeness, accuracy, justification, adherence to OSF guidelines	Budget incomplete, unclear, or non-compliant	Budget mostly complete, partial justification, minor guideline issues	Budget complete, accurate, fully justified, and fully compliant with OSF guidelines
38. Total Agency Budget	Completeness and inclusion	Budget missing or	Budget mostly complete, minor	Comprehensive budget

	of all funding sources	incomplete	omissions	including all agency funding sources and expenditures
39. Audit Report (Fiscal)	Submission, clarity, explanation of findings	Audit not submitted or findings unexplained	Audit submitted with partial explanation of findings	Audit submitted, findings addressed, corrective actions clearly explained
40. Audit Report Corrective Actions Explanation	Completeness, clarity, effectiveness	Explanation missing or unclear	Partial explanation provided	Clear, thorough explanation of corrective actions and effectiveness
41. Year-End Financials	Submission, format, explanation	Not submitted or unclear	Submitted with partial explanation	Submitted in the correct format with clear explanation
42. IRS Form 990	Submission and explanation	Not submitted or unclear	Submitted with partial explanation	Submitted with clear explanation if applicable
43. YEFA/IRS 990 Explanation	Clarity and relevance	Missing or unclear	Partially explained	Clear and complete explanation provided
44. Unit Cost	Accuracy, clarity, industry standard, methodology	Unclear, inaccurate, or missing methodology	Partially clear and justified	Accurate, clearly calculated, methodology explained, industry standards cited if applicable
45. OSF Funding	Explanation, clarity	Not explained or unclear	Partially explained	Clear, complete explanation if OSF funding replaces another source
46. Scope of Work	Not Scored	N/A	N/A	N/A
50. Unit of Service Rate and Definition	Not Scored	N/A	N/A	N/A

FY 2026 NOFO for OSF Ranking Guide for Review Panelists

Behavioral Health and Substance Use Disorder OSF Funding
As stated in this NOFO Guidance Document, 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.

All proposals shall be ranked. The Review Panel must achieve consensus before Ranking is finalized.
The proposal considered the most critical to the system of care and have the components described below within each category will be ranked #1.
No two proposals shall be ranked the same. There cannot be 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:

Community Engagement/Resilient and Recovery Ready Communities

- Partnering and Mentoring: Grassroots organizations partnering with another organization.
- Providing services to Marginalized communities 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, those living in poverty, sexual orientation, uninsured/underinsured 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.
- Proposals that target areas of high prevalence and incidences of overdose.
- The ability to demonstrate building resiliency and keeping people involved over time, and using strategies like teamwork, building community coalitions and using community activism to bring communities together. The intent is to have ongoing activities which aim to utilize environmental and other strategies

FAMILY SUPPORTS

- Focused on supports for caregivers impacted by family members with Substance Use Disorder.
- Providing services to Marginalized communities 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, those living in poverty, sexual orientation, uninsured/underinsured 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.
- The ability to demonstrate ongoing supports and not a one and done training or referral to services.

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

- Focused on working with private physical and mental health providers.
- History of working with private providers and have demonstrated the ability to get private providers engaged.

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ATTACHMENT 5: REQUIRED COVER SHEET

REQUIRED COVER SHEET

PALM BEACH COUNTY DEPARTMENT OF COMMUNITY SERVICES OPIOID SETTLEMENT FUNDS 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 6: 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 un-invoiced 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 not 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: i. Duties are adequately separated; different persons prepare checks, sign checks, reconcile bank accounts, and have access to cash receipts. ii. All disbursements are properly supported by evidence of receipt and approval of the related goods and services. iii. Blank checks are <u>not</u> signed. iv. Unissued checks are kept in a secure area. v. Bank accounts are reconciled monthly. vi. Bank accounts and check signers are authorized by the board of directors or trustees. vii. Petty cash vouchers are required for each fund disbursement. 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: i. Written authorizations are on file for all employees covering rates of pay, withholdings and deductions. ii. The organization has written personnel policies covering job descriptions, hiring procedures, promotions, and dismissals. iii. Distribution of payroll charges is based on documentation prepared outside the payroll department. iv. Payroll charges are reviewed against program budgets and deviations are reported to management for follow-up action. v. Adequate timekeeping procedures, including the use of time clock or attendance sheets and supervisory review and approval, are employed for controlling paid time. vi. Payroll checks are prepared and distributed by individuals independent of each other. 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: (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: i. There is an effective system of authorization and approval of capital equipment expenditures. ii. Accounting practices for recording capital assets are reduced to writing. iii. Detailed records of individual capital assets are kept and periodically balanced with the general ledger accounts. iv. There are effective procedures for authorizing and accounting for disposals. 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 7: CORE STRATEGIES AND APPROVED USES CROSSWALK

Please complete this form as completely as possible, including the allocation of funds for each strategy and/or approve use; outcomes and whether the focus is on SDoH or Acute Crisis/Residential.

Schedule A Core Strategies	Description
A. Naloxone or other FDA-approved drug to reverse opioid overdoses	1. Expand training for first responders, schools, community support groups and families; and 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.
B. Medication-Assisted Treatment (MAT) Distribution and other opioid-related treatment	1. Increase distribution of MAT to non-Medicaid eligible or uninsured individuals; 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse; 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and 4. Treatment and Recovery Support Services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services.
C. Pregnant & Postpartum Women	1. Expand Screening, Brief Intervention, and Referral to Treatment ("SBIRT") services to non Medicaid eligible or uninsured pregnant women; 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("OUD") and other Substance Use Disorder ("SUD")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and 3. Provide comprehensive wrap-around services to individuals with Opioid Use Disorder (OUD) including housing, transportation, job placement/training, and childcare
D. Expanding Treatment for Neonatal abstinence Syndrome	1. Expand comprehensive evidence-based and recovery support for NAS babies; 2. Expand services for better continuum of care with infant-need dyad; and 3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.
E. Expansion of Warm Hand-off Programs and Recovery Services	1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments; 2. Expand warm hand-off services to transition to recovery services; 3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions. ; 4. Provide comprehensive wrap-around services to individuals in recovery including housing, transportation, job placement/training, and childcare; and 5. Hire additional social workers or other behavioral health workers to facilitate expansions above.
F. Treatment for Incarcerated Population	1. Provide evidence-based treatment and recovery support including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and 2. Increase funding for jails to provide treatment to inmates with OUD.

G. Prevention Programs	1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco); 2. Funding for evidence-based prevention programs in schools.; 3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing); 4. Funding for community drug disposal programs; and 5. Funding and training for first responders to participate in pre-arrest diversion programs, post overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.
H. Expanding Syringe Services Programs	1. Provide comprehensive syringe services programs with more wrap-around services including linkage to OUD treatment, access to sterile syringes, and linkage to care and treatment of infectious diseases.
I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies in the State	No further description provided
Schedule B Approved Uses	
A. Treat Opioid Use Disorder	Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: 1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration. 2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions 3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services. 4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence informed practices such as adequate methadone dosing and low threshold approaches to treatment. 5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose. 6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma. 7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions. 8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including tele mentoring to assist community-based providers in rural or underserved areas. 9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions. 10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

	11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas. 12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver. 13. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing. 14. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.
B. Support People in Treatment and Recovery	Support people in treatment for or recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: 1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare. 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 services and counseling, community navigators, case management, and connections to community-based services. 3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions. 4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services. 5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions. 6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions. 7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions. 8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions. 9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of

	high-quality programs to help those in recovery. 10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family. 11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma. 12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment. 13. Create or support culturally appropriate services and programs for persons with OUD and any co occurring SUD/MH conditions, including new Americans. 14. Create and/or support recovery high schools. 15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
C. Connect people Who Need Help to the Help they Need (Connections to Care)	Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: 1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment. 2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid. 3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common. 4. Purchase automated versions of SBIRT and support ongoing costs of the technology. 5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments. 6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services. 7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically-appropriate follow-up care through a bridge clinic or similar approach. 8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose. 9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid related adverse event. 10. Provide funding for peer support specialists or recovery coaches in

	emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose. 11. Expand warm hand-off services to transition to recovery services. 12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people. 13. Develop and support best practices on addressing OUD in the workplace. 14. Support assistance programs for health care providers with OUD. 15. Engage non-profits and the faith community as a system to support outreach for treatment. 16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.
D. Address the Needs of Criminal-Justice Involved Persons	Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: 1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as: a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI); b. Active outreach strategies such as the Drug Abuse Response Team (DART) model; c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services; d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise

E. Address the Needs of Pregnant or Parenting Women and their families, including babies with neonatal abstinence syndrome	Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: 1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome. 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum. 3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions. 4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families. 5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care. 6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions. 7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions. 8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events. 9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training. 10. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids	Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: 1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing). 2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids. 3. Continuing Medical Education (CME) on appropriate prescribing of opioids. 4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain. 5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that: a. Increase the number of prescribers using PDMPs; b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules. 6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules. 7. Increase electronic prescribing to prevent diversion or forgery. 8. Educate Dispensers on appropriate opioid dispensing.

G. Prevent Misuse of Opioids	Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence informed programs or strategies that may include, but are not limited to, the following: 1. Fund media campaigns to prevent opioid misuse. 2. Corrective advertising or affirmative public education campaigns based on evidence. 3. Public education relating to drug disposal. 4. Drug take-back disposal or destruction programs. 5. Fund community anti-drug coalitions that engage in drug prevention efforts. 6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). 7. Engage non-profits and faith-based communities as systems to support prevention. 8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others. 9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids. 10. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions. 11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills. 12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. Prevent Overdose Deaths and Other Harms (Harm reduction)	Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence based or evidence-informed programs or strategies that may include, but are not limited to, the following: 1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public. 2. Public health entities provide free naloxone to anyone in the community 3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public. 4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support. 5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals. 6. Public education relating to emergency responses to overdoses. 7. Public education relating to immunity and Good Samaritan laws. 8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws. 9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs. 10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use. 11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions. 12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions. 13. Support screening for fentanyl in routine clinical toxicology testing.

I. First Responders	In addition to items in sections C, D, and H relating to first responders, support the following: 1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs. 2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.
J. Leadership, Planning and Coordination	Support efforts to provide leadership, planning, coordination, facilitation, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following: 1. Statewide, regional, local, or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services; to support training and technical assistance; or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list. 2. A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes. 3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list. 4. Provide resources to staff government oversight and management of opioid abatement programs.
K. Training	In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following: 1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis. 2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. Research	Support opioid abatement research that may include, but is not limited to, the following: 1. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list. 2. Research non-opioid treatment of chronic pain. 3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders. 4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips. 5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids. 6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7). 7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system. 8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids. 9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

ATTACHMENT 8: ROMA LOGIC MODEL

COMMUNITY SERVICES DEPARTMENT
FY 20XX Opioid Settlement Fund (OSF)
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 9: 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:

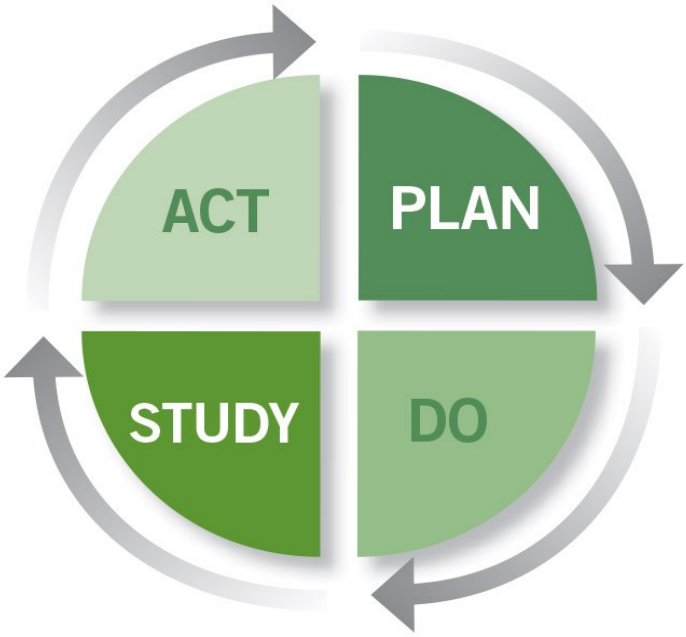
Funded agencies' expenses for Continuous Quality Improvement (CQI) activities are administrative and may be budgeted up to 5% of the contract amount.

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.

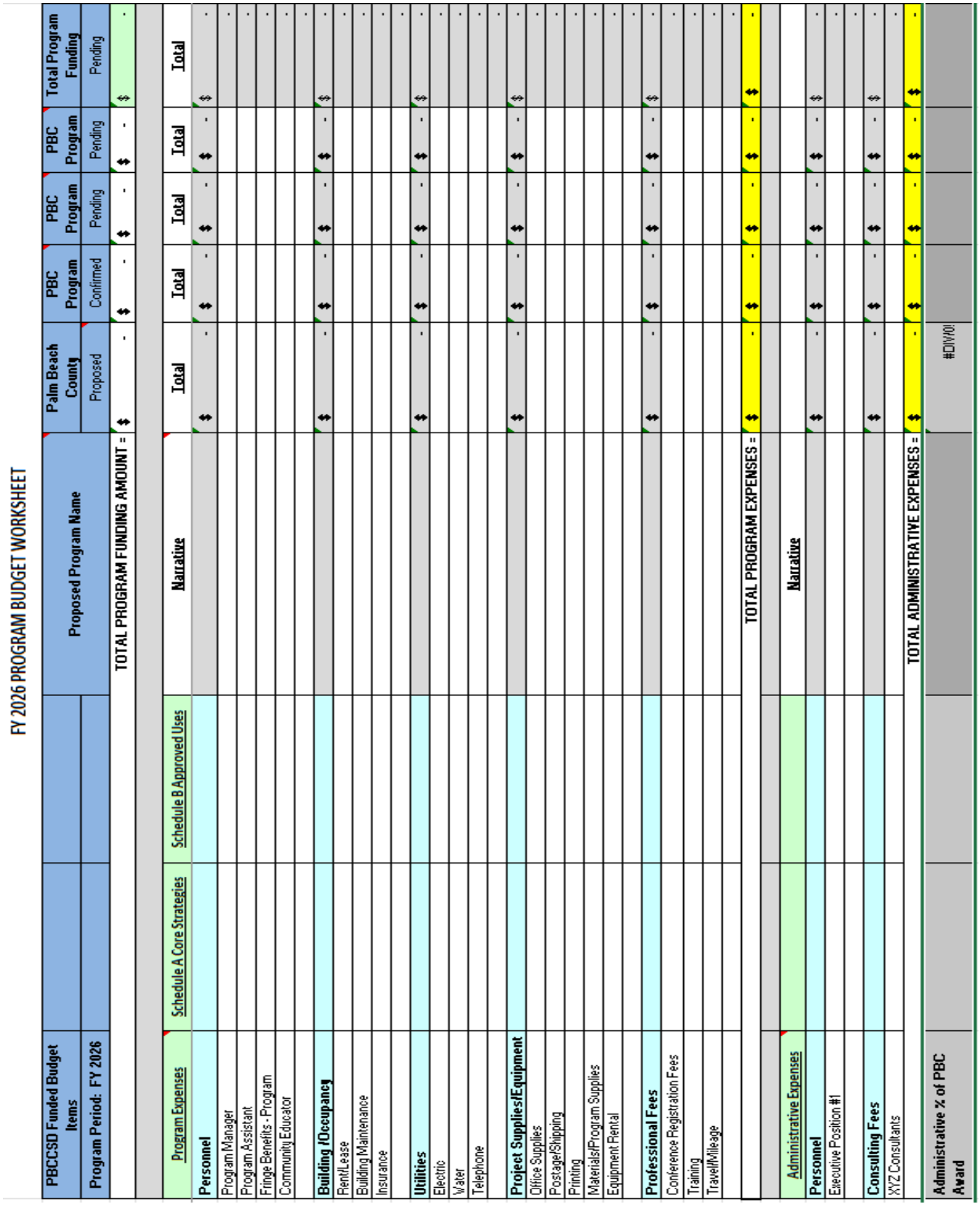
Prediction:

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?

ATTACHMENT 10: BUDGET WORKSHEET

Example of Blank template



FY 2026 PROGRAM BUDGET WORKSHEET

PBCCSD Funded Budget Items			Proposed Program Name		Palm Beach County	PBC Program	PBC Program	PBC Program	Total Program Funding
Program Period: FY 2026					Proposed	Confirmed	Pending	Pending	Pending
			TOTAL PROGRAM FUNDING AMOUNT =		$ -	$ -	$ -	$ -	$ -
Program Expenses	Schedule A Core Strategies	Schedule B Approved Uses	Narrative		Total	Total	Total	Total	Total
Personnel					$ -	$ -	$ -	$ -	$ -
Program Manager									-
Program Assistant									-
Fringe Benefits - Program									-
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									-
									-
Consulting Fees					$ -	$ -	$ -	$ -	$ -
XYZ Consultants									-
			TOTAL ADMINISTRATIVE EXPENSES =		$ -	$ -	$ -	$ -	$ -
Administrative % of PBC Award					#DIV/0!				

Example of Completed Budget Submission

FY 2026 PROGRAM BUDGET WORKSHEET

PBCCSD Funded Budget Items			Proposed Program Name		Palm Beach County Program	PBC Program Funder #2	PBC Program Funder #3	PBC Program Funder #4	Total Program Funding (All Sources)
Program Period: FY 2026					Proposed	Confirmed	Pending	Pending	Pending
			TOTAL PROGRAM FUNDING AMOUNT =		$ 120,195.00	$ 45,000.00	$ 19,000.00	$ 7,500.00	$ 191,695.00
Program Expenses	Schedule A Core Strategies	Schedule B Approved Uses	Narrative		Amount	Amount	Amount	Amount	Amount
Personnel					$ 72,445.00	$ 45,000.00	$ 17,500.00	$ 7,500.00	$ 142,445.00
Program Manager	E. Expansion of Warm Hand-off Programs and Recovery Services	C. Connect people Who Need Help to the Help they Need (Connections to Care)	Program manager position for community support service. Salary expense is 100% funded by PBC FAA award and includes fringe benefits.		$ 25,000.00	$ 30,000.00			$ 55,000.00
Program Assistant	E. Expansion of Warm Hand-off Programs and Recovery Services	C. Connect people Who Need Help to the Help they Need (Connections to Care)	Program assistant role is to support the program manager and community educator with daily tasks. This salary expense is 50% funded by PBC FAA award. Total salary expense is $15,000. , with 50% allocated to PBC ($7,500). (Salary expense does not include fringe		$ 7,500.00	$ 15,000.00	$ 7,500.00	$ 7,500.00	$ 37,500.00
Fringe Benefits - Program Assistant	E. Expansion of Warm Hand-off Programs and Recovery Services	B. Support People in Treatment and Recovery	fringe benefits). expense for Program Assistant. Fringe benefits for this position total ($1,800), with 50% allocated to Palm Beach County FAA in the amount of		$ 900.00				$ 900.00
Community Educator	E. Expansion of Warm Hand-off Programs and Recovery Services	B. Support People in Treatment and Recovery	Community Educator position is the primary interface with local schools, charities and support groups. Total Salary (including fringe benefits) billed to Palm Beach County FAA = $39,045		$ 39,045.00		$ 10,000.00		$ 49,045.00
Building /Occupancy					$ 27,050.00	$ -	$ -	$ -	$ 27,050.00
Programmatic Rent/Lease	D. Expanding Treatment for Neonatal abstinence Syndrome		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 FAA award= $20,000. Remaining $15,000 will be paid by other		$ 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

FY 2026 PROGRAM BUDGET WORKSHEET

PBCCSD Funded Budget Items			Proposed Program Name	Palm Beach County Program	PBC Program Funder #2	PBC Program Funder #3	PBC Program Funder #4	Total Program Funding (All Sources)
Program Period: FY 2026				Proposed	Confirmed	Pending	Pending	Pending
			TOTAL PROGRAM FUNDING AMOUNT =	$ 120,195.00	$ 45,000.00	$ 19,000.00	$ 7,500.00	$ 191,695.00
Program Expenses	**Schedule A Core Strategies**	**Schedule B Approved Uses**	**Narrative**	**Amount**	**Amount**	**Amount**	**Amount**	**Amount**
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/Program 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	$ 1,500.00				$ 1,500.00
Travel/Mileage			Program staff mileage reimbursement for client and training related meetings	$ 1,100.00				$ 1,100.00
			TOTAL PROGRAM EXPENSES =	$ 109,745.00	$ 45,000.00	$ 19,000.00	$ 7,500.00	$ 181,245.00
Administrative Expenses			**Narrative**					
Personnel				$ 7,500.00	$ -	$ -	$ -	$ 7,500.00
Executive Position #1 (JL)			A 5% allocation of the Executive Director salary expense (including fringe benefits) will be billed to Palm Beach County FAA. Executive Director total salary expense = $85,000. 5% allocation to Palm beach County FAA = %	$ 7,500.00				$ 7,500.00
Consulting Fees				$ 2,950.00	$ -	$ -	$ -	$ 2,950.00
XYZ Consultants			Accounting and audit expenses for FAA program. Annual Accounting fee = $950, Annual Audit fee = $2,000. Total expense = $2,950	$ 2,950.00				$ 2,950.00
			TOTAL ADMINISTRATIVE EXPENSES =	$ 10,450.00	$ -	$ -	$ -	$ 10,450.00
Administrative % of PBC Award				9.52%				

ATTACHMENT 11: 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 be residents of Palm Beach County with a substance use or co-occurring disorder.

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

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

D. **Service Delivery:**

   i. AGENCY shall

ATTACHMENT 12: INSURANCE REQUIREMENTS

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.

ATTACHMENT 13 – UNIT RATE

FY 2026 – 2028 OSF AGENCIES
UNITS OF SERVICE RATE AND DEFINITION

Agency Name:
Subcategory:
Program Name:

Service	Unit Cost / Actual Cost	Total FY 2026	Total FY 2027	Total FY 2028	Total 3 Year Contract Amount
Program Direct Services:					
CQM: Actual cost of staff expenses* for direct CQM services.					
Admin Costs (capped at 5%)					
Total Contract over a three (3) year period					

*****_To support Continuous Quality Management (CQM) activities, approved CQM expenses cannot exceed 5% of the Total Contract/Program Award._

Actual Cost/Unit Cost expenses shall mean expenses authorized by the COUNTY pursuant to this Agreement, and reasonably incurred by AGENCY directly in connection with AGENCY'S performance of its duties and Scope of Work pursuant to this Agreement. AGENCY will sustain the program for the full Agreement period regardless of the rate of expenditure of above funds.

For actual cost reimbursement items, backup documentation must be submitted along with the invoice and signed cover letter that may include but is not limited to the following: program general ledger, copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services. Additional items may be requested as part of the invoice submission, or via desk and/or on-site monitoring on a periodic basis.