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**APPENDIX B-** **NARRATIVE**

**PART I – ORGANIZATIONAL CAPABILITIES**

Please provide a narrative of the information requested in each of the sections below. Answer completely, but concisely. Include exceptions to your statements when appropriate. Your responses should reflect your organization as a whole.

1. **Organization Structure**
2. Table of Organization: Provide a Table of Organization indicating lines of authority and supervision as an appropriate attachment, and label appropriately. Include short biographical sketches for key staff (CEO, CFO, COO, Medical Director, Clinical Director, Program Director, Information Technology Director, and Quality Assurance Director).
3. Philosophy and Mission of the Organization: Provide your organization’s philosophy in the provision of services as well as your mission.
4. Management Structure: Describe the organization’s top management structure, including key positions and functions.
5. **Service Array-Treatment Services**
6. Target Population: Describe the target populations you currently serve. Describe service recipients in terms of age, sex, ethnicity, language, disabilities, children, youth, young adults at risk of substance use, parents, caregivers of children, youth, young adults at risk of substance use and any special populations as listed below. Explain exclusions.

Special Populations, if applicable. Check all that apply:

* 1. Children at risk of residential services or juvenile justice involvement
  2. Pregnant/Post-partum Women
  3. Individuals Involved with the Forensic or Criminal Justice System
  4. Individuals with co-occurring disorders
  5. Individuals with HIV
  6. Individuals with Child Welfare Involvement
  7. Homeless Youth and Adults
  8. Individuals admitted and discharged from a State Mental Health Treatment Facility
  9. Injecting Intravenous Drug User
  10. Others: (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Services Provided: Describe your current array of services provided to the target population you listed above.
2. Peer Services:
3. Describe the agency’s use and employment of Peers throughout the service array.
4. Describe the support, training and supervision provided to the Peers and how many are certified or seeking certification.
5. Recovery-Oriented System of Care (ROSC): Describe how your agency is implementing the Recovery-Oriented System of Care (ROSC) principles.
6. Telehealth Services: Describe the use of technology your organization utilizes in your services continuum, i.e., do you utilize an Electronic Health Record (EHR)?
7. Cultural and Linguistic Competence: Describe your strategy to assure that your services are provided in a culturally and linguistically competent manner.
8. Trauma Informed Care: Many individuals with behavioral health issues have experienced trauma that affects their development and adjustment. Describe your strategy to assure that your services are trauma focused.
9. Integration of Behavioral Health and Primary Health Care: Many individuals with behavioral health issues have chronic health conditions and may have neglected their primary health needs.
10. Describe your agency’s strategy to ensure that individuals are receiving proper medical care.
11. Describe formal or informal agreements you may have with other entities, or individuals, from whom you receive referrals and who make referrals to you. Provide any collaborative agreements or memorandum of understanding (MOU) currently in effect.

1. Service and/or Treatment Planning**:**
2. Describe the process used to determine an individual’s service and/or treatment plan. At a minimum, your description should specify who participates in the planning, who signs off and when, how frequently the plan is reviewed, and how changes are made. Describe how these fits with the system of care. Attach a copy of your service plan and service plan manual as an appropriately labeled attachment.
3. Address the admission and discharge criteria.
4. What is the average length of participation in treatment for a person served?
5. Describe the processes employed to match individuals and families to services and ensure that services are consistent with the individuals’ and families’ individual recovery and resiliency needs.
6. Individual and Family Participation Strategies. Discuss how the organization promotes family participation in services and practices for the development of natural supports. Discuss how the organization involves individuals and families in the planning, development, implementation, and evaluation of service delivery systems.
7. Describe the organization’s specific individual identification, outreach, and engagement strategies applicable to the array of covered services provided. Explain how referrals are received and the process between referral and admission.
8. Identify the major continuing care strategies for individuals and families completing services. Address placement and referral activities specific to the general target populations served and any Special Populations. This description should address: The processes by which individuals and families are prepared for and transitioned to continuing care services, The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this activity (within the organization and within the community system of care).
9. Responding to individuals in crisis
10. Adult: Describe your agency’s process in responding to an adult in crisis including services, linkages and supports (including natural supports, long acting injectables, etc.)
11. Children: Describe your agency’s process in responding to a child in crisis including services, linkages and supports (including natural supports, work with the school system, etc.)
12. Child Welfare System/Involvement

1. Does your agency screen for this during your intake process? If so, describe how the agency identifies individuals that are involved in the child welfare system including services, coordination/staffing’s with the Community Based Organization, linkages and supports provided. Additionally, describe the agency’s training activities to increase staff competency in child welfare.
2. Describe your agency’s relationship with child welfare system stakeholder’s such as the Miami Dade Community Based Care Alliance.
3. Case Management
4. Describe how your agency provides Case Management Services to the community, i.e., home-based and/or community-based services.
5. How many Targeted Case Managers does your agency have on staff?
6. Describe whether you provide case management services to forensic populations and your experience with the justice system, if applicable.
7. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR)
8. Describe your knowledge of the SOAR process and if your agency currently has SOAR Certified staff who are providing these services to individuals served.
9. Housing
10. Provide a description of how housing needs are identified and what services, supports and linkages are provided.
11. What steps are taken when an individual is identified as “homeless”?
12. Describe the agency’s relationship with housing agencies such as Miami-Dade County’s Homeless Trust, CARRFOUR, Camillus House, etc.
13. Does your agency have access to HMIS or a process to link individuals to permanent supportive housing services?
14. Children Programs – collaborating with local schools, Department of Juvenile Justice (DJJ), courts for the children receiving behavioral health services
15. Describe your agency’s relationship with other community organizations such as the local school system, Department of Juvenile Justice.
16. Describe best practices your agency uses in working with LGBTQ youth.
17. Continuous Quality Improvement Program

Describe the Continuous Quality Improvement Program utilized to include:

1. the name and a description of each of the evidence-based practices/treatment modalities in your agency’s delivery of behavioral health services
2. the applicable target population;
3. fidelity monitoring activities;
4. data reporting and analysis related to assessment of the quality of services; and
5. the methods of measuring achievement of outcomes achieved through service delivery.
6. Clinical Records

Describe your agency’s method of keeping client records. Provide any policies or procedures, if applicable. Include how you maintain HIPAA compliance and practices. Describe any qualitative or quantitative reviews that take place to ensure that files are maintained in a complete and accurate manner.

1. **Substance Use Direct Prevention Services**
2. Describe the youth substance use problems and any other prioritized issues in the in the identified community. Describe if these are consistent with the State consumption priorities.
3. Describe the unique local conditions that contribute to these problems.
4. State the substances or related, concomitant issues, that will be addressed and describe the specific programming related to those substances.. Describe if these are consistent with the State consumption priorities.
5. How will the Strategic Prevention Framework (SPF) steps be implemented in the basis of the programming/services?
6. Describe how the programming will be integrated with Environmental Strategies implemented to affect community level change by the community coalition, consistent with the agency and or SFBHN’s goals and outcomes
7. Continuous Quality Improvement Program

Describe the Continuous Quality Improvement Program utilized to include:

1. The name and a description of each of the practice/strategies in your agency’s delivery of prevention services and the designation as prevention science or research based;
2. The applicable target population;
3. Fidelity monitoring activities;
4. Data reporting and analysis related to assessment of the quality of services;
5. The methods of measuring achievement of outcomes achieved through service delivery; and
6. The required collaboration with the evaluation entity.
7. **Community Coalition Services**

The coalition must have been in existence as a coalition for a minimum of twelve (12) months at time of the submission of this application is to be considered as an applicant. Coalitions are expected to respond how they will affect and sustain community level change through work with leaders within their community using the Strategic Prevention Framework (SPF) and selected environmental strategies and community based processes.

1. Describe the history of the coalition and how it currently operates to work together toward with its key stakeholders for the common goal of a safe, healthy, and drug-free community.
2. Describe the coalition’s accomplishments in developing a viable coalition.
3. Describe the leadership structure of the coalition (i.e., roles and responsibilities, workgroups, coalition by-laws, etc.)
4. Describe how each of the twelve (12) sector representatives is the best fit for the assigned sector and how the coalition identifies the sector priority membership based on the coalition’s Community Needs Assessment.
5. Describe how the coalition will increase its capacity through the recruitment of new key stakeholder members for task forces and committees to expand the work based on the coalition’s Community Needs Assessment.
6. Describe how the coalition will retain members to increase its ability to meet its objectives based on the coalition’s Community Needs Assessment.
7. Provide the MOUs/MOAs, letters of agreement you have with the key stakeholder direct service providers and identify and describe the strategies you are currently working on.
8. **Administrative**
9. Clinical Record Keeping: Except for agencies that are currently licensed by the Department of Children and Families, Agency for Health Care Administration or are accredited by Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Joint Commission, International Center for Clubhouse Development (ICCD), or Council on Accreditation of Peer Recovery Support Services (CAPRSS) provide, as an appropriately labeled attachment, an example of the clinical portion only of a clinical record, including all clinical forms, consent for treatment forms, assessments, progress note forms, clinical instruments used, treatment plans, treatment plan reviews, etc. ***(Please be sure to redact any identifying information.)***
10. Clinical Outcomes: Describe how your organization determines how much an individual has improved or benefited from a course of treatment. Explain your process and differentiate between processes used for diverse types of individuals served by demographic characteristics, if applicable, or programs. Describe how these relate to the organization’s performance measures, outputs, and outcomes. Specify instruments used, if any, and attach copies as an appropriately labeled attachment.

1. Information Technology and Service Data Reporting: Describe your data system and how the system captures and its ability to report demographic information assessment and placement information, services and units of service provided, and outcome data. In addition, address HIPAA and HITECH compliance. What procedures do you currently use to combat data breaches and what occurs if a data breach takes place? Attach your organizations Information Technology policy and procedure/manual and label it appropriately.
2. **Workforce Development**
3. Staff Development and Training: Describe your staff development and training program. Attach a list of trainings you currently provide to staff internally and that staff receive externally.
4. Include any organizational supports such as tuition reimbursement, sponsored training, paying for CEU’s, etc.
5. The American with Disabilities Act (ADA) requires businesses in the private and public sector to make reasonable accommodations for individuals with recognized disabilities. Describe how your organization complies with ADA requirements including ensuring effective communication with deaf or hard-of-hearing customers or companions. Include a copy of your Accessibility Plan (as an appropriately labeled attachment) or explain your plan to provide access to persons with disabilities.

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**PART 2 – PROGRAM DESCRIPTION – SERVICE DELIVERY SITES**

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| Service Delivery Sites  *Complete this table for each location at which services would be provided.*  *Add rows or tables as needed.* | | | | | | |
| Agency Name  *Location Name, if applicable*  *Address*  *Contact Person (Name and Title)*  *Phone #*  *Email* | | |  | | | |
| Program Type  Mental Health, Substance Abuse, Direct Prevention Services, Community Coalition | Client or Non-Client | List Service and Program Name, if applicable | | Days and Hours of Operation | Target Population(s) Served (Adults or Children) | List Facility Licenses Numbers  *(Attach a copy of all applicable licenses as requested in Appendix E, Administrative Documentation)* |
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