



THRIVING MIND
SOUTH FLORIDA®

A network of exceptional mental health and
substance use treatment providers.

Invitation to Negotiate # 016

**RECOVERY COMMUNITY ORGANIZATIONS
FOR MIAMI-DADE
AND
MONROE COUNTIES**

Release Date: November 14, 2023
Time: 5:00 P.M. [E.S.T.]

**Invitation to Negotiate #016
Recovery Community Organizations
For Miami-Dade and Monroe Counties**

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INVITATION TO NEGOTIATE #016 Recovery Community Organizations for Miami Dade and Monroe Counties

SECTION I: INTRODUCTION

A. STATEMENT OF NEED

South Florida Behavioral Health Network, Inc. d/b/a Thriving Mind South Florida's ("Thriving Mind") Fiscal year 2023-24 approved operating budget reflects an increase of approximately \$1,500,000.00 for Recovery Community Organizations (RCO) for the Southern Region (Miami-Dade and Monroe Counties). Thriving Mind solicits applications from existing or emerging non-profit Recovery Community Organizations, incorporated in the state of Florida as a 501(c)(3) organization and qualified to do business in the State of Florida. Applicants must have a registered physical location in Miami-Dade and/or Monroe County at the time of submission of an application. The Applicant must have been in operation for a minimum of ninety (90) days at the time of submission of an application in response to this Invitation to Negotiate (ITN).

Thriving Mind seeks to promote the expansion of peer-based recovery support services in Miami- Dade and Monroe Counties, via a recovery organization, to individuals with substance use disorders (including alcohol, illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs substance use disorder or those in recovery) co-occurring disorders and, individuals with stimulant misuse or use disorders.

It is the expectation that the successful vendor ("Recipient") will organize recovery-focused advocacy activities, carry out recovery-focused community education, outreach, and peer-based recovery support services. The Recipient will work closely with community treatment providers and other stakeholders to provide harm reduction and recovery support services.

Any vendor interested in submitting a reply must comply with all terms and conditions described in this Invitation to Negotiate (ITN).

Thriving Mind is seeking to contract with at minimum three (3) qualified vendors to provide non-clinical peer-based recovery support services in Miami-Dade and Monroe Counties.

B. STATEMENT OF PURPOSE

The purpose of this program is to expand peer recovery support services in Miami Dade and/or Monroe Counties via an existing or an emerging recovery community organization to serve individuals with substance use disorders and/or co-occurring disorders. It is the expectation that the selected vendor will work closely with community treatment providers and other stakeholders to provide harm reduction and recovery support services. Services to be provided are non-clinical. Non-clinical services include, but are not limited to, peer and/or recovery support groups, recovery coaching, telephone recovery support, skill-building groups, public awareness events, harm-reduction activities, substance-free recreation, and recovery celebrations. The program's foundation is the value of lived experience of peers to assist others in achieving and maintaining recovery.

The Recipient is expected to operate under the principles of a Recovery-Oriented System of Care (ROSC). ROSC principles promote a coordinated network of community-based services and supports that is person-centered, self-directed care, and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life. As such, the Recipient will operate under a "no wrong door" model as defined in s. 394.4573, F.S., as well as the other guiding principles of ROSC. The Recipient must also participate in all implementation activities and technical assistance provided by the Florida Department of Children and Families (DCF) and Thriving Mind.

C. METHOD OF PROCUREMENT FOR SERVICES

Thriving Mind has selected the Invitation to Negotiate (ITN) as the method of solicitation to procure this project. The ITN is a competitive solicitation for competitive sealed replies which uses both written submissions and subsequent competitive negotiations to determine the best value for the State, Thriving Mind, the community, individuals served, and the successful network applicant. As part of the ITN process, Thriving Mind evaluates the prices and services offered, community needs, geographic distribution of services, prior work performance with Thriving Mind, quality of services, and the qualifications and capabilities of the applicants to satisfactorily meet the need for services.

D. ELIGIBLE APPLICANTS

Thriving Mind solicits applications for services from existing or emerging Recovery Community Organizations that are domestic, private, nonprofit organizations eligible to conduct business in the State of Florida. Eligible applicants must have a registered physical location in Miami-Dade or Monroe County at the time of submission of an application. The Applicant must also have been in operation for a minimum of ninety (90) days at the time of submission of an application in response to this Invitation to Negotiate. Applicants that do not meet the non-profit status, that do not have a registered physical location in Miami-Dade or Monroe Counties, and that cannot demonstrate that the organization has been in operation

for a minimum of ninety (90) days at the time that the application is due, will be considered non-responsive to this ITN.

RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery. To ensure that recovery communities are fully represented, only organizations controlled and managed by members of the substance use and/or co-occurring disorders recovery community are eligible to apply.

Eligible applicants must meet the following requirements:

1. An applicant organization meets the criteria of an RCO as provided in the paragraphs above (Section D. Eligible Applicants);
2. IRS designation as a 501(c)(3) organization;
3. Have a registered physical address in Miami Dade or Monroe County; and
4. Been in operation for a minimum of ninety (90) days at the time of submission of an application in response to this Invitation to Negotiate.
5. Fifty-one (51%) of the Board of Directors members are individuals in long-term recovery from substance use and/or a co-occurring disorder and provide their personal lived experience of recovery to guide the organization.
6. The organization's mission and vision include a primary focus on recovery from substance use disorders and/or co-occurring. Some organizations also provide ancillary activities such as prevention services, housing, other substance use disorders and/or mental health peer services. However, the primary function of the RCO is focused on substance use disorders and/or co-occurring disorders.

Failure to meet all the requirements specified in this Section D, Eligible Applicants, will be considered a fatal flaw and the application will be disqualified and rejected.

E. TERM OF THE CONTRACT

This is a recurring project with an anticipated start date of **March 01, 2024**, and ending on **June 30, 2025**, subject to the availability of funds. Renewal of the contract shall be contingent upon satisfactory performance, monitoring and evaluations as determined by Thriving Mind, and subject to the availability of funds.

Thriving Mind reserves the right to renegotiate terms and conditions in the awarded contracts to expand the scope of work and to use the collective knowledge and experience of Thriving Mind staff, data, evaluation, and other information to ensure the best terms for service provision.

Selected applicants shall ensure that services are performed in accordance with Thriving Mind prime contract (Contract KH225 available for viewing at: <https://thrivingmind.org/applicant/contracts>) the applicable state and federal rules, statutes, licensing standards, DCF and Thriving Mind operating procedures, as applicable.

F. SAM.GOV REGISTRATION-INFORMATIONAL

This section is for informational purposes only and is not a requirement for this ITN. All applicants must be registered on SAM.gov in order to qualify for funding. If an applicant is not registered at the time of the release of this ITN, then the applicant must be registered and provide proof of registration prior to the execution of a contract. Applicants who are not registered can do so below.

[US Federal Contractor Registration \(USFCR\) | Start a SAM Registration](#)

For a step-by-step process, see the link below:

[SAM.gov Quick Start Guide for New Grantee Registration \(transportation.gov\)](#)

G. FUNDING

The projected annualized recurring funding for the Recovery Community Organizations for Miami-Dade and Monroe Counties is approximately **\$1,500,000.00**. RCOs and emerging RCOs can apply for up to an annualized amount of \$ **500,000.00**. Funding for year two (2) will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all the terms and conditions of the resulting contract.

Funding is subject to availability and at the sole discretion of Thriving Mind. Thriving Mind will select a provider in an open and fair competitive environment, allowing all eligible applicants to have the same opportunity to apply for funding.

H. FUNDING LIMITATIONS/RESTRICTIONS

Applicants responding to this solicitation may request funding for the project period March 1, 2024 to June 30, 2024 for year one and from July 1, 2024 to June 30, 2025 for year two, for an amount no more than **\$500,000.00** per year, subject to the availability of funding.

Funding for year two (2) will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance

with all the terms and conditions of the resulting contract.

Up to **\$12,000** of the annual contract award may be used to purchase technical assistance (TA), to pay for application fees towards obtaining an accreditation from the Council on Accreditation of Peer Recovery Support Services (CAPRSS) or from the Association of Recovery Community Organizations (ARCO) and/or pay for training and exam fees required to become a Certified Peer Specialist. If the Recipient will not need any of these contingencies, the Recipient may use these funds for required or allowable activities.

Thriving Mind limits administrative costs to 10% or less of the total annualized budget.

I. PAYOR OF LAST RESORT

If awarded, applicants shall make every reasonable effort to identify and collect benefits from third-party payers for services rendered to eligible individuals. Third party payers are commercial insurers such as worker's compensation, TRICARE, Medicare, Health Maintenance Organization, Managed Care Organizations, or other payers liable, to the extent that they are required by contract or law, to participate in the cost of providing services to a specific individual.

It is the expectation that applicants who are awarded funding under this ITN will eventually be required to seek Medicaid certification to be able to bill Medicaid for services.

J. COST SHARING AND MATCH REQUIREMENTS

Cost Sharing/match is not required in this program.

K. BUDGETING

Applicants are to prepare a cost reimbursement budget along with a budget narrative using **Appendix F, Cost Reimbursement Budget and Budget Narrative** for a potential sixteen (16) month contract cycle. The first set of cost reimbursement budget must be for the term between March 1, 2024 – June 30, 2024. The second set of cost reimbursement budget must be for the term between July 1, 2024, and June 30, 2025. The link provided below describes the **Cost Reimbursement Method of Payment**:

<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65E-14>

If applicable, Thriving Mind also requests that applicants provide a list of other entities applicants are receiving funds from. A list can be provided via **Appendix E, Funding Sources Chart**.

L. METHOD OF PAYMENT FOR SERVICES

The method of payment for these services will be based on a cost reimbursement methodology. It is anticipated that the method of payment will change to a fee-for-service rate in accordance with Rule 65E-14, Florida Administrative Code. Thriving Mind will work with the Network Provider(s) to assist with the transition from a cost reimbursement to a fee for service rate payment methodology.

M. SERVICE DATA REPORTING

All service data will be submitted to Thriving Mind's designated data system, in accordance with the **Financial and Services Accountability Management System (FASAMS)** latest pamphlet [FASAMS 155-2 Version 14 \(Current\) | Florida DCF \(myflfamilies.com\)](https://myflfamilies.com), or any other designated data system. Additionally, applicants will be required to submit reports identified in **Appendix A, Guidance Document 35 Recovery Management Practices** dated July 1, 2023, or latest revision thereof, **Appendix B, Recovery Community Organizations Scope of Work**, and **Appendix C, Thriving Mind Exhibit AO, Peer Services**. Thriving Mind reserves the right to request any additional reporting before, during, or after contractual negotiations and execution.

SECTION II. PROGRAMMATIC OVERVIEW

A. RECOVERY COMMUNITY ORGANIZATIONS SERVICE DELIVERY

In accordance with **Appendix A, Guidance Document 35, Recovery Management Practices**, dated July 1, 2023, or latest revision thereof or latest revision thereof, **Appendix B, Recovery Community Organizations Scope of Work**, and **Appendix C, Exhibit AO Peer Services**, RCOs must provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality-of-life enhancement for individuals and families affected by behavioral health disorders.

To meet community needs, the RCO, in collaboration with system partners, will develop strong cross-system partnerships to achieve common goals, build meaningful collaborations across systems such as criminal justice, behavioral health, child welfare, housing, public health, education, transportation, to strategically leverage resources and achieve intersecting goals, as described in **Appendix A, Guidance Document 35, Recovery Management Practices**, dated July 1, 2023, or latest revision thereof and **Appendix B, Recovery**

Community Organizations Scope of Work, to address response protocols.

Refer to **Appendix A, Guidance Document 35, Recovery Management Practices**, dated July 1, 2023, or latest revision thereof, and **Appendix B, Recovery Community Organizations Scope of Work** for service delivery and reporting requirements.

During the contract negotiation period, Thriving Mind will work with applicants awarded with contracts to establish the program requirements. Awarded applicants will be expected to begin providing services forty-five (45) days after contract execution. The program will begin serving at minimum five (5) applicants which will increase as the program continues to grow. Thriving Mind will work with the provider to determine the minimum active portfolio per Peer Specialist.

If awarded a contract, applicants must have Peer Specialists who will be able to assist individuals served with recovery capital planning, which includes:

- Helping individuals to identify and assess their current recovery capital.
- Assisting individuals to develop recovery goals and a plan to achieve them.
- Providing support and guidance as individuals implement their recovery capital plans.
- Connecting individuals to other resources in the recovery community.

Additionally, Thriving Mind will expect the provider to also have individuals on staff to provide outreach and training activities to the community (See Appendix B for additional information on trainings). Thriving Mind will work with awarded agencies to find training opportunities for their staff and establishing a timeframe for beginning outreach activities. Thriving Mind will work with the awarded agencies on the timeframe in which they will begin providing services, during the negotiation process.

B. STAFFING PATTERN

At a minimum, Thriving Mind requires the positions listed below to fund an RCO. The cost reimbursement budget must include these positions.

1. **Program Director***: 1 FTE (must be a peer, certified or in the process of seeking certification.)
2. **Certified Peer Specialists***: Minimum of 3 FTEs (certified or in the process of seeking certification.)
3. **Data Entry/Analyst** : 0.5 FTE (This person will be responsible for data collection, entry, analysis, performance assessment – Refer to Section I: Introduction, Paragraph M, Service Data Reporting, for additional information).

The positions below may be subcontracted or hired as employees of the RCO:

4. **Quality Assurance/Quality Improvement Specialist:** 0.25FTE
5. **Fiscal Administrator:** 0.25 FTE
6. **Human Resource Coordinator:** 0.25 FTE

***At minimum, one individual must be certified and have at least two (2) years' experience working as a Peer Specialist, whether the Program Director or Peer Specialist. They must be able to supervise Peers in the process of obtaining their certification. It is preferred if the Certified Peer Specialist is a current employee of the applying agency, but it is not a requirement that they be employed at the time of the application submission. Note: Peer Specialist Certification requirements are found in Appendix B. Section C.5.**

C. BACKGROUND SCREENING REQUIREMENTS

1. Employment Screening

The Recipient shall ensure that all staff and volunteers utilized by the organization and its subcontractors (if applicable and hereinafter, "Contracted Staff") that are required by Florida law and by CFOP 60-25, Chapter 2, which is hereby incorporated by reference to be screened in accordance with chapter 435, F.S., are of good moral character and meet the Level 2 Employment Screening standards specified by sections 435.04, 110.1127, and subsection 39.001(2), F.S., as a condition of initial and continued employment that shall include but not be limited to:

- a. Employment history checks;
- b. Fingerprinting for all criminal record checks;
- c. Statewide criminal and juvenile delinquency records checks through the Florida Department of Law Enforcement (FDLE);
- d. Federal criminal records checks from the Federal Bureau of Investigation via the Florida Department of Law Enforcement; and
- e. Security background investigation, which may include local criminal record checks through local law enforcement agencies.
- f. Attestation by each employee, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to chapter 435 and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.

2. Employment Screening Affidavit

The Recipient shall sign the Florida Department of Children and Families Employment Screening Affidavit each State fiscal year (no two such affidavits shall be signed more than 13 months apart) for the term of the Contract stating that all required staff have been screened or the Recipient is awaiting the results of screening. Thriving Mind will provide a template of this affidavit.

3. Office of Inspector General Request for Reference Check

The Department requires, as applicable, the use of the Officer of Inspector General's Request for Reference Check form (CF 774), which states: "As part of the screening of an applicant being considered for appointment to a career service, selected exempt service, senior management, or OPS position with the Department of Children and Families or a Contract or sub-contract provider, a check with the Office of Inspector General (IG) is required to determine if the individual is or has been a subject of an investigation with the IG's Office. The request will only be made on the individual that is being recommended to be hired for the position if that individual has previously worked for the Contract or sub-contract provider, or if that individual is being promoted, transferred or demoted within the Contract or sub-contract provider."

D. REQUIRED ACTIVITIES

Program implementation must begin immediately upon the execution of a contract. The Recipient must use the funds primarily to support direct services.

The following programmatic activities are required under the contract:

- The organization must support, allow for, and may provide opportunities for all pathways of recovery and does not exclude anyone based on their pathway. This includes support for strategies and ideas aimed at reducing negative consequences associated with drug use.
- Work closely with community treatment providers and other stakeholders to provide harm reduction and recovery support services. Services provided are non-clinical. Non-clinical services include, but are not limited to, peer and/or recovery support groups, recovery coaching, telephone recovery support, skill-building groups, public awareness events, harm-reduction activities, substance-free recreation, and recovery celebrations.
- Provide peer-based recovery support services to individuals with substance use

disorders and/or co-occurring disorders. These services include but are not limited to: employment coaching; recovery coaching; linkages to housing; recovery housing services; and care navigation services.

- Provide support to families of individuals in the form of support groups, education, and navigation services.
- Provide peer-based recovery support services as components of integrated care models. This service provision may include utilization of peers in Emergency Departments or other healthcare settings; utilization of peers to provide follow-up to individuals to ensure they access appropriate care and other vital coordination of services.
- Utilize recovery-friendly language.
- Provide supervision, training, and mentorship to an individual(s) funded under this grant who seeks to become a certified recovery peer specialist(s) (CRPS).
- Provide drug-free social/community environments for those seeking to achieve or maintain recovery from substance use and/or co-occurring disorders.
- Provide public education, trainings, and public advocacy on peer support and recovery support services to the community.
- Adhere to the three (3) core principles:

Recovery Vision: All RCOs share a Recovery Vision that focuses on the solution to the substance use and/or co-occurring problem, which is recovery. An RCO's primary goal should be to enhance the support and services available to people seeking and sustaining (or "living in") long-term recovery from substance use and/or co-occurring disorders. This includes embracing an "all pathways approach" to recovery.

Authentic Voice: All RCOs share an Authentic Voice which means that the interests of the community are represented by organizations that draw their leadership from members of the recovery community. In other words, the majority of board members, staff, and volunteers are members of the local recovery community. This safeguards against competing interests and ensures that the voice of the RCO is valid.

Accountable to the Recovery Community: All RCOs are Accountable to the Recovery Community and as such, are subject to being responsible and sensitive to its needs. To ensure that accountability, RCOs are independent, nonprofit 501-C (3) organizations with autonomy to members, and relationships and partnerships with external recovery allies – most often local councils, community prevention coalitions, and treatment or diversion programs in the health or court systems. This is all to say

that RCOs are not influenced by clinical or legal entities, but rather speak with the authentic voice of the recovery community.

- **Recovery Capital**

Recovery capital is the sum of a person's internal and external resources that can be used to initiate and maintain recovery from substance use disorder. It includes a person's physical and mental health, relationships, education, employment, and other resources.

A recovery capital plan is a document that helps individuals identify and build on their recovery capital. It includes a person's recovery goals, as well as the steps they will take to achieve those goals.

Peer specialists play an important role in helping individuals develop and implement recovery capital plan. Peer Specialists provide support, guidance, and mentorship to individuals in recovery. They can also help individuals identify and access the resources they need to support their recovery.

Peer specialists play a vital role in recovery capital planning by:

- Helping individuals to identify and assess their current recovery capital.
- Assisting individuals to develop recovery goals and a plan to achieve them.
- Providing support and guidance as individuals implement their recovery capital plans.
- Connecting individuals to other resources in the recovery community.

Here are some specific examples of how peer specialists are involved in recovery capital planning:

- One-on-one support: Peer specialists meet with persons individually to help them develop and implement their recovery capital plans.
- Group support: Peer specialists lead groups where individuals can learn about recovery capital, share their experiences, and support each other in developing their recovery capital plans.
- Training and education: Peer specialists provide training and education to other peer specialists, substance use treatment providers, and other professionals on recovery capital and recovery capital planning.

- Advocacy: Peer specialists advocate for individuals in recovery and help them to access the resources they need to develop their recovery capital.

Recovery capital planning is an essential part of recovery. It helps people identify and build on their strengths and resources, which can increase their chances of long-term recovery. Peer specialists play a vital role in recovery capital planning by providing support, guidance, and mentorship. Peer specialists at the RCO are expected to support individuals enrolled in services to help them increase their recovery capital. All recovery support services provided by a Peer Specialist must be documented and filed in accordance with Rule 65E-14 of the Florida Administrative Code.

E. THRIVING MIND REQUIREMENTS

The contracted agency will not only be responsible for adhering to the **Appendix A, Guidance Document 35, Recovery Management Practices**, dated, July 1, 2023, or latest revision thereof, but must also abide by the requirements described in **Appendix B, Recovery Community Organizations Scope of Work, and Appendix C, Thriving Mind Exhibit AO, Peer Services**, the response to this ITN, final approved budget, and any additional requirements identified in the contract.

SECTION III: GENERAL PROCESS AND APPLICATION INSTRUCTIONS

A. PROCUREMENT MANAGER

This application is issued by Thriving Mind. Applicants shall limit their contact regarding this ITN to the Procurement Manager. For normal day to day transactions and unrelated to this ITN, the applicant, if a current contracted Network Applicant, may continue to communicate with other Thriving Mind staff. Violation of this provision may result in applicant being disqualified from this procurement. Thriving Mind will be the sole party which makes the determination as to whether the applicant will be disqualified. The Procurement Manager for communication regarding this ITN is:

Stephanie Feldman, Thriving Mind Procurement Manager

7205 Corporate Center Drive – Suite 200

Miami, Florida 33126

(305) 858-3335

E-mail: sfeldman@thrivingmind.org

B. INQUIRIES

All inquiries from applicants shall be submitted in writing, via e-mail only, to the Procurement Manager (s) listed above and below and must be received on or before the date according to the dates and times specified in Section III. Schedule of Activities and Important Timelines. Phone calls are not permitted. The subject line must state: **THRIVING MIND PROCUREMENT ITN #016 – RECOVERY COMMUNITY ORGANIZATIONS FOR MIAMI DADE AND MONROE COUNTIES – INQUIRY** and the e-mail must include the name of the entity inquiring, name of individual, contact information with email address and phone number. The salutation of the email must state the name of Stephanie Feldman. The question (s) must be clear, and the content related to the ITN. All written inquiries shall be sent to:

ATTENTION: Stephanie Feldman, Thriving Mind Procurement Manager
E-mail: sfeldman@thrivingmind.org

Inquiries regarding this ITN can only occur with the individual(s) identified above. The type of communication during this period is limited by the open solicitation. Discussions with other staff/employees of Thriving Mind may render the applicant having the discussion ineligible for funding. If, however, the applicant has business unrelated to this solicitation with Thriving Mind, those discussions may take place with Thriving Mind staff at any time.

Thriving Mind will not extend the deadline due to technical glitches. Applicants are encouraged to submit their inquiries at least forty-eight (48) hours in advance of the deadline in order to avoid any such complications.

C. RESPONSES TO INQUIRIES

Copies of the responses to all inquiries and clarifications and/or additional information from the questions will be made available through electronic posting on the Thriving Mind website: <https://thrivingmind.org/providers/procurement> as specified in Section III. Schedule of Activities. Other information as updated will be posted in the form of addenda on the Thriving Mind website.

It is the responsibility of the prospective applicant to regularly check the Thriving Mind website for addenda, notices of decisions, and other information or clarifications to this solicitation.

D. CONE OF SILENCE

The Cone of Silence prohibits direct communication regarding this procurement between applicants and applicant's representatives, and certain Thriving Mind staff and Board of Director members during the period in which the Cone of Silence is in effect. Applicants shall limit their contact regarding this bid to the Procurement Manager listed in Section III.A,

Procurement Manager. The Cone of Silence begins the date and time that this solicitation is released, as per Section III., Schedule of Activities, and shall remain in effect until an award is made, a contract is approved, or Thriving Mind takes any other action which ends the bid process. If the Cone of Silence is breached, Thriving Mind, at its sole discretion, may disqualify the applicant. The Cone of Silence only relates to this procurement. For regular day to day transactions, network applicants may continue to communicate with Thriving Mind staff.

E. VENDOR SOLICITATION CONFERENCE

Thriving Mind **will not** host a Vendor Solicitation Conference for this bid but will respond to written inquiries as described in Section C, above. The official responses will be posted on the Thriving Mind website by the date and time specified in Section III., Schedule of Activities.

F. LETTERS OF SUPPORT

Applicants may submit letters of support from appropriate community entities including collaborating agencies, government representatives, police departments, the school board, businesses that can attest to the work completed in the community, and other relevant stakeholders. Submitting letters of support will add five (5) points per letter with a maximum of five letters per application. Applicants can receive up to twenty-five (25) points towards their overall score.

For applicants submitting a Partner Table, if a partner is added to the table, then applicants must provide a corresponding letter of support from the partner referenced in the table.

G. POSTING

All notices, decisions, intended decisions, and other matters related to this solicitation will be electronically posted on the Thriving Mind website located at <https://thrivingmind.org/providers/procurement>.

Any clarifications or addenda to this ITN and copies of written responses to questions resulting in clarifications or addenda to this ITN will be electronically posted on the Thriving Mind website. **It is the responsibility of prospective applicants to check the website for addenda or clarifications to this solicitation.**

H. FORMATTING INSTRUCTIONS FOR THE RESPONSES

1. The narrative responses must be typed, single-spaced, on 8.5 x 11 paper, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font.
2. The total number of pages allowed for the narrative shall not exceed the maximum

number of pages specified in Section IV., Questions and Narrative Responses. Pages must be numbered in a logical, consistent fashion.

3. Budgets, timelines, job descriptions, copies of licenses/certifications, letters of support, and any other supporting documentation referenced in your narrative responses must be listed in the Table of Content and numbered accordingly. These documents do not have a page limit.
4. Failure to meet these requirements will deem the application to have a fatal flaw and the application will be rejected and disqualified for further consideration for this ITN.

I. INSTRUCTIONS FOR SUBMISSION OF THE APPLICATION

1. Applications are to be submitted electronically via e-mail by the date and time as specified in Section III., Schedule of Activities. A receipt will be provided to the individual as verification of submission. Applications received after the deadline will be deemed to have a fatal flaw and the application will be disqualified.

It is the responsibility of the applicant to ensure that the application is received by Thriving Mind by the deadline. Applicants are encouraged to submit in advance of the due date. Thriving Mind will not be held responsible for undelivered applications due to computer glitches from the sender's system. Thriving Mind highly recommends contacting the Procurement Manager when experiencing system issues to documents good faith attempt to submit the application on time and to determine next steps.

Please note that items/documents found on this section may be part of the fatal flaw criteria. Applicants must ensure that all items requested which pertain to the fatal flaw criteria are included in their submissions. For a full list of fatal flaw criteria documents, please see **Appendix H, Fatal Flaw and Technical Review Checklist**.

2. One (1) electronic copy, submitted via e-mail.
3. The signed Applicant Cover Page, as provided in **Section V**, must be included with every application. Applications submitted without a Cover Page will automatically be considered a fatal flaw and the application will be disqualified and rejected.
4. Application must be submitted in accordance with **Section III. H, Formatting Instructions for the Responses**. Applications submitted without the appropriate formatting will automatically be considered a fatal flaw and the application will be disqualified and rejected.
5. The applicant must provide a copy of the 501(c)(3) letter from the IRS showing the agency's tax exempt status. Failure to submit a copy of the 501(c)(3) letter will be considered a fatal flaw and the application will be disqualified and rejected.

6. The applicant must provide proof of registration as a charitable organization with the Florida Department of Agriculture and Consumer Services. Failure to submit proof will be considered a fatal flaw and the application will be disqualified and rejected.
7. The applicant provide a copy of last filed Annual Report and Copy of current Certificate of Status from the Florida Department of State Division of Corporations. Failure to submit the last filed Annual Report and Copy of current Certificate of Status from the Florida Department of State Division of Corporations will be considered a fatal flaw and the application will be disqualified and rejected.
8. Mandatory Non-Binding Letter of Intent to Apply: Applications must include a copy of the required non-binding Letter of Intent. This letter does not imply that the applicant must apply but it is a requirement to consider the application in the review process and will be considered a fatal flaw. A copy of the e-mail confirmation of receipt of the Letter of Intent by the Procurement Manager must be included in application. It is the responsibility of the prospective applicant to ensure that the letter was electronically submitted and received by Thriving Mind.
9. A copy of the applying agency's Articles of Incorporation.
10. A copy of the applying agency's Bylaws.
11. Proof of a current business address in Miami-Dade and/or Monroe Counties. This can be in the form of a lease agreement or other documentation that indicates your agency has a legal address in the counties identified. Failure to provide proof of a current business address in Miami-Dade and/or Monroe County will automatically be considered a fatal flaw and the applicant will be disqualified and rejected.
12. Table of Content must be included with the application. Failure to include a Table of Content with the application will automatically be considered a fatal flaw and the application will be disqualified and rejected.
13. Applicants must adhere to the page limit requirements.
14. An agency Organizational Chart (Table of Organization) with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding. Failure include an agency Organizational Chart will be considered a fatal flaw and the application will be disqualified and rejected.
15. If applicable, the completion of Appendix E, Funding Sources Chart. If an agency currently has no funding sources, include an insert stating this for this submission. Failure to provide a Funding Source Chart or statement will be considered a fatal flaw and the application will be disqualified and rejected.
16. Applicants must submit two (2) complete Appendix F, Cost Reimbursement Budget and Budget Narrative, one for three (3) months (March 1, 2024-June 30, 2024) and one for one (1) year (July 1, 2024-June 30, 2025). See Section IV., D. Budget for

additional information. Failure complete Appendix F will be considered a fatal flaw and the application will be disqualified and rejected.

17. Applicants must provide Appendix G, Statement of Mandatory Assurances. Failure to submit Appendix G, will be considered a fatal flaw and the application will be disqualified and rejected.
18. If an applicant is an existing agency that meets requirements for a financial audit, the financial audit must be submitted. If the applicant is new or an emerging RCO (under a year) the requirement to submit a financial audit is waived with a letter signed by an authorized representative affirming that at this time the applicant does not have a financial audit because it is a new or emerging RCO with under a year of operation. Failure to submit the agency's Financial Audit Report or letter for new or emerging RCOs will be considered a fatal flaw and the application will be disqualified and rejected.
19. Applicants must submit Resumes and Job Descriptions. Failure to submit resumes and job descriptions will be considered a fatal flaw and the application will be disqualified and rejected.
20. Applicant must submit Appendix L, Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contracts/Subcontracts. Failure to submit Appendix L, will be considered a fatal flaw and the application will be disqualified and rejected.
21. If applicable, Applicants must submit Appendix M, Partner Table.
22. Applicants must submit Appendix N, Staffing Chart. Failure to submit Appendix N, will be considered a fatal flaw and the application will be disqualified and rejected.
23. Applicants must provide a list of the agency's Board of Directors. Include Names, Agency/Category of Sector Presented, Mailing Address, Telephone Number, E-Mail Address, Term Expiration Date (or Year).
24. Applicants must provide a copy of the board of director's resolution, signed by the Chairperson of the Board, granting authority to complete and sign the application and negotiate and sign a contract, should it be awarded. Failure to submit a board of director's resolution will be considered a fatal flaw and the application will be disqualified and rejected.
25. Applicants that withhold income taxes, social security tax, or Medicare tax must submit an attestation indicating that the 941 has been filed timely and any taxes due have been paid timely to the IRS was submitted, submitted on the agency's letterhead and signed by the CEO/Executive Director. Failure to submit an attestation will be considered a fatal flaw and the application will be disqualified and rejected. If the Applicant is a new or emerging RCO and currently does not employ staff (or subcontracts), a letter signed by the authorized representative must be submitted a

letter indicating that the agency currently does not meet the requirements to submit the 941.

26. For agencies that do not withhold income taxes, social security tax, or Medicare tax applicants must submit a copy of the most recent 1096. Failure to submit a 1096 will be considered a fatal flaw and the application will be disqualified and rejected. If the Applicant is a new or emerging RCO and currently does not employ staff (or subcontracts), a letter signed by the authorized representative must be submitted a letter indicating why the most recent 1096 is not provided.

27. Letters of Support: applicants may submit letters of support from appropriate community entities including collaborating agencies, government representatives, police departments, the school board, businesses that can attest to the work completed in the community, and other relevant stakeholders. Submitting letters of support will add up to twenty-five (25) points towards the applicant's overall score, five (5) points per letter, up to five (5) letters per application.

Not submitting the application as stated above will be deemed a fatal flaw and the application may be disqualified and rejected.

The application(s) must be e-mailed to the Procurement Manager between 9:00 AM E.S.T. and 4:00 PM E.S.T. on or by the dates and time specified in Section III. Schedule of Activities.

ATTENTION: Stephanie Feldman, Thriving Mind Procurement Manager

E-mail: sfeldman@thrivingmind.org

J. ACCEPTANCE/REJECTION OF APPLICATIONS

1. Application Deadline

All application timelines must be adhered to for consideration in each stage: Non-binding required Letter of Intent, Technical Review, and Substantive Review. **Substantive Review applications shall be irrevocable until contract award unless the application is withdrawn. An application may be withdrawn in writing only, addressed to the Procurement Manager, Stephanie Feldman, prior to the opening date or upon the expiration of 90 calendar days after the opening of the applications.** Thriving Mind at its sole discretion may allow an applicant to remove an application after the opening date listed in Section III. Schedule of Activities but is under no obligation to do so.

2. Receipt Statement

A confirmation receipt of the application will be provided to the individual who e-mails the application package by the Procurement Manager or by the designated Thriving Mind

representative. Proposals received after the deadline will be considered a fatal flaw and the application will be disqualified and rejected. It is the sole responsibility of the applicant to ensure that the proposal was received on time by the Procurement Manager or by the designated representative.

3. Right to Reject Responses

At its sole discretion, Thriving Mind reserves the right to reject all responses received with respect to this ITN at any time even after an award. Responses not received according to the instructions of this ITN will be considered a fatal flaw and the application will be disqualified and rejected. Responses received after the deadline will be disqualified and rejected. For application submitted after the deadline, Thriving Mind will retain the original electronic application.

4. Right to Waive Minor Irregularities

At its sole discretion, Thriving Mind reserves the right to waive minor irregularities when to do so is in the best interest of the community and/or Thriving Mind. At its sole discretion, Thriving Mind may allow an applicant to correct minor irregularities but is under no obligation to do so.

Thriving Mind may, at its sole discretion, reject all responses even after awarded; accept parts of any response; further negotiate project scope (s) and budget (s); postpone or cancel at any time (even after an award) this ITN process; or waive minor irregularities in this ITN. Thriving Mind reserves the right to request and evaluate additional information from any applicant after the submission deadline as Thriving Mind deems necessary.

5. Request Additional Information

Thriving Mind reserves the right, at its sole discretion, to request from the applicant additional information as deemed necessary to more fully evaluate the proposal but is in no obligation to do so.

6. Right to Amend, Postpone or Withdraw ITN

At its sole discretion, Thriving Mind reserves the right to amend, postpone and/or withdraw the ITN for any reason whatsoever, without incurring any liability for costs and damages incurred by any applicant. Any changes to the procurement document or process shall be noticed on the Thriving Mind website. It is the responsibility of interested applicants to visit the website regularly for updates.

K. APPLICANT DISQUALIFICATION – THRIVING MIND CONTRACTED AGENCIES

In addition to other criteria set forth in this solicitation, failure of the applicant, or declared
Thriving Mind ITN #016-Recovery Community Organizations
for Miami-Dade and Monroe Counties

Release Date 11/14/2023

partners in this solicitation response, to have performed any previous or current contractual obligations with Thriving Mind in a manner unsatisfactory to Thriving Mind will be sufficient cause for disqualification or termination. It is the responsibility of the applicant to note any issues, including but not limited to open corrective action, related to contractual obligations with Thriving Mind to identify those issues. To be disqualified as an applicant under this provision, the applicant must have:

1. Previously failed to satisfactorily perform in a contract with Thriving Mind, been notified by Thriving Mind of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of Thriving Mind;
2. Documented lack of performance;
3. Had a contract terminated by Thriving Mind for cause.

L. APPLICATION REVIEW PROCESS

Each application will be reviewed to determine if it is responsive to this solicitation and the most advantageous to Thriving Mind, the community, and the intended target population. All eligible applications will be processed through a three-step review process:

1. **Phase I: Technical Review** – The evaluation procedure for this ITN is divided into a two-step process. In Phase I, the Procurement Manager in conjunction with other Thriving Mind staff will review all applications for compliance with all the requirements. The criteria are listed in **Section III., Paragraph T., Fatal Flaw Criteria – Technical Review**.
2. **Phase II: Substantive Review** - Applications that meet all the Phase I criteria requirements will move to Phase II (Substantive Review) of the process, the review of the application by the evaluation team (synonymous with “reviewers”).

During the evaluation of the applications in either the Technical Review or the Substantive Review phases of this ITN, Thriving Mind at its sole discretion may request that any applicant provide additional information or documentation. Any opportunities for cure will be provided to the applicant in writing by the Procurement Manager. Thriving Mind is under no obligation to request further clarification from any applicant for any part of the application.

3. **Phase III: President/CEO and Executive Management (Executive Team) review and recommendation for contract negotiations** – The scores, comments, and recommendations provided by the evaluation team will be presented to the Thriving Mind Executive Team. The Thriving Mind Executive Team will consider other factors such as but not limited to, past and current performance of the applicant, financial stability of the applicant organization, current or closed correction action plans, report cards, the demonstrated ability to achieve the desired goals and outcomes as described in the applicant’s responses, whether the proposed program will be the most advantageous to the community and the intended target population, before presenting

the final recommendation for contract negotiations to the Executive Committee of the Board. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

An appeal/protest may not challenge the results of the evaluation criteria and determination of sufficiency to proceed for review in the Substantive Review by Thriving Mind in the Technical Review.

M. EVALUATION AND SCORING OF APPLICATIONS

Reviewers will be provided with a copy of the assigned applications and the scoring sheets. Reviewers are expected to exercise independent judgement when evaluating each application. Reviewers will document the applicant’s responses to the questions in the bid; identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the project, and whether the project presents the best value to the community.

The table below provides a guide for reviewers in assigning overall scores and individual criterion scores.

Each review criterion should be assessed based on the strength of that criterion in the context of the work being proposed.

The entire scale (1-9) should always be considered. The scale below must be used for all criteria except when scoring Letters of Support. The Letters of Support carry their own distinct scoring as described in this section.

Overall Impact or Criterion Strength	Scoring Scale	Descriptor
Low	1	Poor
	2	Marginal
	3	Fair
Medium	4	Satisfactory
	5	Good
	6	Very Good
High	7	Excellent
	8	Outstanding
	9	Exceptional

Letters of Support: Applicants may submit letters of support from appropriate community entities including collaborating agencies, government representatives, police departments, the school board, businesses that can attest to the work completed in the community, and other relevant stakeholders. Submitting letters of support will add up to twenty-five (25) points towards the applicant’s overall score, with each letter of support counting as five (5) points

and a maximum of five letters per application. Successful applicants must also establish a Memorandum of Understanding (MOU) with their community partners once they receive their fully executed contract with Thriving Mind.

If deemed necessary by the reviewers, the reviewers will have the option to request additional clarifications from applicants to better understand key elements of the proposed project and/or (2) request a formal presentation by the applicant, (3) submit questions that the Thriving Mind staff can ask the applicant to better understand key elements of the proposed project.

The Procurement Manager will provide the results of the scores to the Thriving Mind President/CEO and Executive Management (Executive Team) for review. The Thriving Mind Executive Team will consider other factors such as but not limited to, past and current performance of the applicant, financial stability of the applicant organization, current or closed corrective action plans, report cards, and other factors before presenting the final recommendation for contract negotiations to the Executive Committee of the Board. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

N. SELECTION OF QUALIFIED APPLICANTS FOR NEGOTIATION

The Procurement Manager will present the scoring, comments, and recommendations of the Evaluation Team to the Executive Team for their consideration. The Executive Team will consider the following conditions before presenting their recommendation for contract negotiations to the Executive Committee of the Board or the Board of Directors:

- 1) past and current performance of the applicant,
- 2) financial stability of the applicant organization,
- 3) current or closed correction action plans,
- 4) report cards,
- 5) the demonstrated ability to achieve the desired goals and outcomes as described in the applicant's responses,
- 6) whether the proposed program will be the most advantageous to the community and the intended target population,

The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

O. RECOMMENDATION OF CONTRACT AWARD

The Executive Team will present the recommendation for contract award to the Executive

Committee of the Board or the Board of Directors. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation.

P. NOTICE OF CONTRACT AWARD

The resulting contract shall be awarded to the responsible and responsive qualified applicant whose application is determined to be the most advantageous to Thriving Mind, the community and the target population.

Q. PROTESTS

Protests are limited to procedural grounds.

Protests will not be entertained during the Technical Review process that determines sufficiency to enter into contract with Thriving Mind or on decisions made by Thriving Mind or its Board of Directors.

Thriving Mind provides a process for protests related to solicitations.

An applicant may file a notice of protest with Thriving Mind pursuant to this solicitation. With respect to a protest of the terms, conditions, or specifications contained in this solicitation, including any provisions governing the methods for ranking bids, proposals, or replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract, the notice of protest shall be filed in writing within 72 hours (Saturdays, Sundays, and Thriving Mind holidays excluded) after the posting of the solicitation. The formal written protest shall be filed within 10 calendar days after the date the notice of protest is filed with the Procurement Manager, Stephanie Feldman.

Protests must comply with the Thriving Mind Protest Policy and Procedure, posted on the Thriving Mind website: <https://thrivingmind.org/providers/procurement>.

When protesting a decision, the protestor must post a bond equal to one percent (1%) of Thriving Mind's estimated contract amount. The bond is not to be filed with the notice of protest but must be filed with the formal written protest within the ten (10) calendar day period for the filing of the formal written protest. The estimated contract amount shall be based upon the contract price submitted by the protestor. If no contract price was submitted, the Thriving Mind shall provide the estimated contract amount to the protestor within 72 hours (excluding Saturday, Sundays, and Thriving Mind holidays) after the notice of protest has been filed. The bond shall be conditioned upon the payment of all cost and charges that are adjudged against the protestor in the administrative hearing in which action is brought and in any subsequent appellate court proceeding. Failure to file the proper bond at the time of filing the formal protest will result in a rejection of the protest. In lieu of a bond Thriving Mind may accept a cashier's check, official bank check, or money order in the amount of the bond. The official hours of operation for receipt of an intent to protest and/or a petition and bond are

8:30 AM to 5:00 PM Eastern Standard Time. Upon receipt of the formal written notice of protest, the contact person must secure the bond until resolution of the protest.

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R. SCHEDULE OF ACTIVITIES

Any changes to these activities, dates, times or locations, will be accomplished by addenda. All times refer to Eastern Standard Time.

ACTIVITY	DATE	TIME	INFORMATION
Solicitation released on Thriving Mind website	11/14/2023	By 5:00 P.M. [EST]	Posting on the Thriving Mind website: https://thrivingmind.org/providers/procurement
All written inquires due to Thriving Mind via Email	11/21/2023	By 12:00 P.M. [EST]	E-mail to: sfeldman@thrivingmind.org Attn: Stephanie Feldman, Thriving Mind Procurement Manager Subject Line: ITN #016 – RCO Team – Written Inquiries
Posting of responses to written inquires	11/28/2023	By 5:00 P.M. [EST]	Posted on the Thriving Mind website: https://thrivingmind.org/providers/procurement
Mandatory Non-binding Letter of Intent to Apply	12/01/2023	By 4:00 P.M. [EST]	E-mailed to: sfeldman@thrivingmind.org It is the applicant's responsibility to ensure delivery and receipt of the letter. Subject Line: ITN #016 – RCO Team - Mandatory Non-Binding Letter of Intent to Apply
Applications Due	12/18/2023	Between 9:00 A.M. to 4:00 P.M. [EST]	Attn: Stephanie Feldman, Thriving Mind Procurement Manager, sfeldman@thrivingmind.org

Opportunity to Cure – Submission of Documents	12/19/2023–12/21/2023	By 12:00 P.M. [EST]	Attn: Stephanie Feldman, Thriving Mind Procurement Manager, sfeldman@thrivingmind.org
Posting of Applicants eligible for Phase II, Substantive Review	12/22/2023	By 4:00 PM [EST]	Posted on the South Florida Behavioral Health Network website: https://thrivingmind.org/providers/procurement
Initial Meeting with the Review Team	01/04/2024	TBD	Thriving Mind 7205 Corporate Center Drive, Suite 200, Miami, FL 33126
Debriefing Meeting with the Review Team	01/19/2024	TBD	Thriving Mind 7205 Corporate Center Drive, Suite 200, Miami, FL 33126
Presentation to Executive Committee by Executive Team	02/14/2024	2:00 P.M. [EST]	Virtually https://us02web.zoom.us/j/85112665427?pwd=cWhOMIBoYzhianlKMGdsd1pUSIBXdz09
Posting of Intent to Negotiate	02/14/2024	By 5:00 P.M. [EST]	Posted on Thriving Mind’s website: https://thrivingmind.org/providers/procurement
Negotiations begin	02/21/2024	As scheduled	Virtually
Award approval by Board of Directors	TBD	1:00 P.M. [EST]	Virtually https://us02web.zoom.us/j/86266528412?pwd=Q3ljNIRqWXBCTlowODF2ZjBCZ00rUT09

Anticipated posting of intended Contract Award (s)	TBD	By 5:00 P.M.[EST]	Posted on Thriving Mind's website: https://thrivingmind.org/providers/procurement
Anticipated effective date of contract	TBD	TBD	TBD

S. SUBMISSION OF THE MANDATORY NON-BINDING LETTER OF INTENT TO APPLY

1. A mandatory non-binding letter of intent to apply must be received by the specific date and time as in Section III. Schedule of Activities in order to continue to Phase II of the bid process. This letter shall be submitted to the Procurement Manager, Stephanie Feldman to the following e-mail address: sfeldman@thrivingmind.org. The Procurement Manager will send an e-mail confirmation of receipt to the applicant. It is the responsibility of the prospective applicant to ensure that the letter was electronically submitted and received by the Procurement Manager.
 - a. This letter is a non-binding letter and will not require that the applicant submit an application for this ITN. However, this letter is required for any applicant to be considered for funding through this solicitation. The letter should state:
 - i. The name of the organization that is applying with appropriate identifying information: address, telephone number, a contact e-mail address, website address, name of President/CEO/Executive Director, tax ID information, signed by an individual approved to conduct business with Thriving Mind, on the organization letterhead.
 - ii. The described intent to submit an application

T. FATAL FLAW CRITERIA – TECHNICAL REVIEW

Below are the criteria the Procurement Manager will review during the Technical Review phase of the bid process:

1. Was the application received by the date and time specified in the solicitation and at the specified address?
2. Was one (1) original electronic application submitted?
3. Was a completed Cover Page included in the application and was it signed by an authorized representative. (found in **Section V.**)
4. Applicant submitted in accordance with **Section III. H, Formatting Instructions for the Responses.**
5. Did the applicant provide a copy of the 501(c)(3) letter from the IRS showing the agency's tax exempt status?
6. Did the applicant provide proof of registration as a charitable organization with the Florida Department of Agriculture and Consumer Services?
7. Did the applicant provide a copy of last filed Annual Report and Copy of current

- Certificate of Status from the Florida Department of State Division of Corporations?
8. Was the Mandatory Non-Binding Letter of Intent to Apply along with Thriving Mind e-mail confirmation submitted?
 9. Did the applicant provide their agency's Articles of Incorporation?
 10. Did the applicant provide their agency's Bylaws?
 11. Proof of a current business address in Miami-Dade and/or Monroe Counties. This can be in the form of a lease agreement or other documentation that indicates your agency has a legal address in the counties identified.
 12. Was the Table of Content included in each of the submissions?
 13. Did the applicant adhere to the page limitation requirements?
 14. Did the applicant submit an agency Organizational Chart (Table of Organization) with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding?
 15. Did the applicant complete **Appendix E, Funding Sources Chart** or statement that they currently do not have funding sources?
 16. Did the applicant submit two (2) complete **Appendix F, Cost Reimbursement Budget and Budget Narrative** in its full completion, one for three (3) months (March 1, 2024-June 30, 2024) and one for one (1) year (July 1, 2024-June 30, 2025)?
 17. Did the applicant provide an audit report or letter signed by an authorized representative affirming that at this time the applicant does not have a financial audit because it is a new or emerging RCO with under a year of operation?
 18. Were the Resumes and Job Descriptions included?
 19. Did the applicant submit **Appendix G, Statement of Mandatory Assurances**?
 20. Did the applicant submit **Appendix L, Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contracts/Subcontracts**?
 21. Was **Appendix N, Staffing Chart** Included?
 22. Did the applicant provide a list of agency's Board of Directors. Include Names, Agency/Category of Sector Presented, Mailing Address, Telephone Number, E-Mail Address, Term Expiration Date (or Year)?
 23. Did the applicant provide a copy of the board of director's resolution, signed by the Chairperson of the Board, granting authority to complete and sign the application and negotiate and sign a contract, should it be awarded?
 24. For agencies that withhold income taxes, social security tax, or Medicare tax was an attestation indicating that the 941 has been filed timely and any taxes due have been paid timely to the IRS was submitted, submitted on the agency's letterhead and signed

by the CEO/Executive Director? If the Applicant is a new or emerging RCO and currently does not employ staff (or subcontracts), was a letter signed by the authorized representative submitted indicating that the agency currently does not meet the requirements to submit the 941?

25. For agencies that do not withhold income taxes, social security tax, or Medicare tax did the applicant submit a copy of the most recent 1096? If the Applicant is a new or emerging RCO and currently does not employ staff (or subcontracts), a letter signed by the authorized representative must be submitted a letter indicating why the most recent 1096 is not provided.

An appeal may only challenge a procedural matter related to the competitive procurement. **An appeal may not challenge the results of the evaluation of the Fatal Flaw criteria by Thriving Mind in the Technical Review process.** The Technical Review process determines sufficiency to enter into contract with Thriving Mind.

U. OPPORTUNITY TO CURE

At its sole discretion, Thriving Mind may allow applicants an opportunity to submit documents that were not submitted with the original application but is under no obligation to do so.

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SECTION IV: QUESTIONS AND NARRATIVE RESPONSES

DO NOT EXCEED THE PAGE LIMIT FOR EACH QUESTION/SECTION.

A. TABLE OF CONTENTS (1-page limit)

Applicants must include a Table of Contents, including page numbers, following the structure and required sections of this document.

B. NARRATIVE (Maximum 20 pages)

The narrative portion of the application should be no more than twenty (20) pages (not including the required budget documents, resumes, job descriptions, charts/tables, and any supporting attachments) and should cover the following:

Section 1. Population of Focus and Statement of Need: Provide a description of your agency's history of implementing recovery-oriented services. (Maximum 126 points)

- a. State the organization mission and vision.
- b. Describe the current services your agency provides to the community.
- c. Describe your organization's philosophy on pathways of recovery?
- d. Identify the geographic catchment area where the project will be implemented.
- e. Document the need for peer-based recovery support services for individuals with substance use and/or co-occurring disorders for the proposed catchment area. This program also supports recovery support services to address substance misuse or co-occurring disorders, in the area you propose to serve.
- f. What are your agency's reasons and motivations to become a RCO provider for Miami Dade and/or Monroe Counties?
- g. Describe your organization's experience providing peer-based recovery support services to persons with substance use disorders, co-occurring disorders and/or with persons in recovery.
- h. Provide a description of how your organization follows the Recovery-Oriented System of Care (ROSC) principles: promote a coordinated network

of community-based services and supports that is person-centered, self-directed care, and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life.

- i. What is your understanding of recovery capital?
- j. What are some examples of recovery capital planning activities that you offer?
- k. Provide a detailed description of the proposed program. Address your organization's proposed recruitment, enrollment, and retention strategies and describe how your agency will overcome challenges and barriers. This description should enable reviewers to visualize the proposed program and clearly understand how the approach will result in program goals and outcomes. In later application sections, there will be opportunity to provide more details about the organizational capacity, activities, performance measurement, staffing, and partnerships.
- l. Please describe how your organization operates under a "no wrong door" model.
- m. Describe how the organization will perform activities related to public advocacy and education in the community as it relates to this project.
- n. Please describe how the organization adheres to the three (3) core principles:
 - I. Recovery vision,
 - II. Authenticity of voice and
 - III. Accountability to the recovery community

Section 2. Capacity/Readiness: Describe any efforts your agency has already taken to plan for implementing a Recovery Community Organizations. (Maximum 54 points)

- a. What is your agency's organizational readiness for implementing a Recovery Community Organization? What are some strengths your agency has that will support the implementation?
- b. What are some implementation barriers you anticipate, and how will you overcome those barriers?
- c. Describe your Continuous Quality Improvement (CQI) process for collecting and monitoring performance outcomes and describe how you will ensure

adherence to the performance outputs listed in **Appendix A, Guidance Document 35, Recovery Management Practices** dated July 1, 2023, or latest revision thereof, and the CQI requirements listed in **Section K, Reporting Requirements and Continuous Quality Improvement in Appendix B, Exhibit BF Recovery Community Organizations Scope of Work, and Appendix C, Exhibit AO, Peer Services.**

- d. Describe your agency's warm handoff process. Provide Examples.
- e. Describe any trainings or staff development practices you currently utilize at your agency.
- f. What is your RCO's experience with recovery capital planning for individuals with substance use and/or co-occurring disorders?

Section 3. Proposed Program and Implementation Approach: (Maximum 45 points)

- a. Describe the proposed program, program goals and measurable objectives and how these align with the statement of need, the programmatic requirements, and administrative requirements of this ITN.
- b. Provide a chart or graph depicting a realistic timeline for the sixteen (16) months (03/01/2024 – 6/30/25) of the project period showing dates, key activities, and responsible staff. [NOTE: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than forty-five (45) after contract award. The timeline must be part of the Project Narrative. It must not be placed in an attachment. The timeline has no page limitation]
- c. If you intend to leverage any resources within your agency, please state what those resources are and how they will support the implementation of the Recovery Community Organization.
- d. Describe your agencies outreach efforts to engage and enroll the target population?
- e. What changes will you have to implement if you're awarded a contract if you are currently not providing services as prescribed in the ITN?

Section 4. Organizational Experience, and Partnerships (Maximum 126 points)

- a. Describe how you will implement your start-up (first six (6) months of contract execution) of the RCO services in terms of:

Recruitment of qualified staff per the requirements in this ITN, required trainings, background screening, office location, technology, roles and supervisory responsibilities, referrals, and outreach efforts for the first six (6) months of the RCO program.

- b. Describe the staffing pattern and organizational structure required to properly implement this proposed program.
- c. Organizational Chart (Table of Organization) Include your Organizational Chart as an attachment. Include positions that have yet to be filled. The Organizational Chart will not count towards this section's page limit.

d. Job Descriptions and Resumes

Include a resume and job description for individuals who have been identified for a position that will be funded by this ITN or are current employees and accurately note the job title, consistent with the Staffing Table and the Budget. The resumes (no longer than two pages) should be current and updated. If the person is not identified include the job description for the vacant positions. Job descriptions should include the minimum educational and experience qualifications and a brief narrative description of their roles and responsibilities and knowledge and skills necessary to carry out their roles and responsibilities, pursuant to this ITN. Resumes will not count towards this section's page limit.

- e. Describe how you will monitor the peer services provided to individuals served through the RCO?
- f. Describe your agency's orientation process for onboarding new staff. Include references to your agency's policies, trainings, or standards towards ethical practices, nepotism, sexual harassment, drug-free workplace, HIPAA, and disability. If your agency has an employee manual in place, please provide a copy (the employee manual will not be included in your page count but must be appropriately labeled and listed in the Table of Contents).
- g. Describe support services offered to the Certified Peer Specialist.
- h. Describe how Peer Specialists working towards certification will receive appropriate support services and supervision?
- i. How does recovery capital planning fit into your overall approach to recovery support?

- j. How do you train your staff on recovery capital planning?
- k. If your agency currently utilizes volunteers for direct services, outreach, or operations, describe how they will be utilized in regards to the scope of work described in **Appendix B, Exhibit BF**.
- l. Volunteers may be held to the same standards as employees in regards to background screenings, trainings, and certain policies and procedures.

If volunteers will be used in your proposed program explain what steps you will take to integrate your volunteers into the overall organizational structure, describe their scope of work, their roles and responsibilities, qualifications, credentials, who will supervise and manage them, identify what on-going training opportunities will be offered to volunteers to enhance their skills and knowledge. Explain how the use of volunteers will affect the productivity of your program?

m. **Appendix N, Staffing Chart (1 page)**

- 1. Attach the completed chart and label accordingly as an attachment in the application response.

Position Title List the same position titles as in the budget forms	FT/PT Status Full-time or Part-time	Qualifications Required minimum education and any other experience or certification	Duties Description of responsibilities related to the program

Note: A word version format of this Staffing Chart is posted on the website

n. **Appendix M, Partner Table (1 page)**

Using the Partner Table below, identify other organization(s) that you will partner with in the proposed project. It is the expectation that the selected provider will work closely with community treatment providers and other stakeholders to provide harm reduction and recovery support services. Describe your partner's experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. Describe how the collaboration between the parties will ensure that the goals and expectations of this ITN are met. Please provide Letters of Support from each partner as a supporting documentation to the Project Narrative.

Attach the completed chart and label accordingly as an attachment in the application response.

Partner Name	Partner Agency Description Include expertise/ business history	Role in Program Implementation and Resources Committed Specify what partner will do and concrete resources (dollars, staff, etc.) to be contributed	MOU (preferred) or LOS attached? (yes or no)	Is this a paid subcontractor or in-kind service? (paid or in-kind)
	For each partner, include a brief description of the agency expertise/business history, as well as the role the partner will play in program implementation and specific contributions/resources committed to the program.	Site use agreements must include verification from appropriate parties stating the specified terms of the agreement, including times, use of space, any restrictions associated with provision of services, and other details related to providing the program.		Include any proposed subcontractor relationships directly related to this program's services. If funded, the subcontractor agreement must be provided to Thriving Mind and must include all requirements of Thriving Mind for subcontracting.

Note: A word version format of this Partner Chart is posted on the website

Section 5. Technology (Maximum 27 points – maximum of 1 page)

- a. Describe the technology your agency has available that would be useful for a Recovery Community Organization (i.e. tablets, cell phones, dispatcher equipment, etc.)?
- b. Share any current technology barriers your agency is experiencing and how this funding may change these barriers.
- c. Describe how your organization stores Protected Health Information (PHI), including but not limited to electronic form ePHI, and describe the standards that are in place to safeguard PHI and/or ePHI.

Section 6. Letters of Support (Maximum 25 points – a maximum of 5 letters total- 5 points per letter)

Applicants may submit letters of support from appropriate community entities including collaborating agencies, government representatives, police departments, the school board, businesses that can attest to the work completed in the community, and other relevant stakeholders. Submitting letters of support will add five (5) points per letter with a maximum

of five letters per application. Applicants can receive up to twenty-five (25) points towards their overall score.

For applicants submitting a Partner Table, if a partner is added to the table, then applicants must provide a corresponding letter of support from the partner referenced in the table.

C. ORGANIZATIONAL CHART (1 page)

Provide a copy of your agency's Organizational Chart (Table of Organization). This attachment will not be counted toward the page limitation. The attachment must be listed in the table of contents and must be labeled and numbered accordingly. Failure to submit the Organizational Chart will deem the application to have a fatal flaw and the application will be rejected and disqualified from further consideration.

D. BUDGET (No page limit)

All costs associated with services proposed in this solicitation must be reasonable, necessary and allowable, and relate to the program/coalition in compliance with Federal law and regulations including, but not limited to, 2 CFR, Part 200, and other applicable regulations and the Community Substance Abuse and Mental Health Services Financial Rules specified in Rule 65E-14, Florida Administrative Code.

Cost Reimbursement Method of Payment: For the first year of contract execution, Thriving Mind will allow the RCO Provider to utilize the cost reimbursement method of payment (see **Rule 65E-14**, Florida Administrative Code, **Community Substance Abuse and Mental Health Services Financial Rule** for additional requirements). During the first year, the RCO Provider must submit quarterly reconciliation reports. Applicants must complete **Appendix F, Cost Reimbursement Budget and Budget Narrative** in order to secure startup funds under the cost reimbursement method of payment.

Submit a three (3) month budget for the period March 1, 2024 to June 30, 2024 and a one (1) year, 12-month budget for the period July 1, 2024 to June 30, 2025 for projected expenditures to be incurred for the implementation of your proposed program. All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, February 2011, which may be located at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04201>

SECTION V - APPLICANT COVER PAGE

**Applicant Cover Page
Invitation to Negotiate #016
Recovery Community Organizations for Miami Dade and Monroe Counties**

Applicant Agency: _____

Contact Information

Contact Name and Title: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone 1: _____

Telephone 2: _____

Email Address: _____

Authorized Contract Signer: _____

Authorized representative certifies the accuracy and completeness of the statements contained in the application and agrees to accept the obligation to comply with the award terms and conditions.

Name of Authorized Contract Signer: _____

Title: _____ Date: _____

Note: The signed form must be included in the electronic copy.

SECTION VI – LIST OF APPENDICES

1. Appendix A- Guidance Document 35, Recovery Management Practices, dated July 1, 2023, or latest revision thereof.
2. Appendix B- Exhibit BF, Recovery Community Organizations Scope of Work
3. Appendix C- Thriving Mind Exhibit AO, Peer Services
4. Appendix D- Exhibit AO, Monthly Peer Tracker
5. Appendix E, Funding Sources Chart
6. Appendix F- Cost Reimbursement Budget and Budget Narrative
7. Appendix G- Statement of Mandatory Assurances
8. Appendix H- Fatal Flaw and Technical Review Checklist
9. Appendix I- Evaluation Manual - ITN #016 – Recovery Community Organizations
10. Appendix J- Assessment of Financial Stability
11. Appendix K- Definitions
12. Appendix L-Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contracts/Subcontract
13. Appendix M-Partner Table
14. Appendix N-Staffing Chart
15. Appendix O- Department of Children and Families Recovery Community Organization (RCO) Monthly Report

Guidance 35 Recovery Management Practices

Contract Reference:	<i>Sections A-1.1.2, and C-1.2.3</i>
Authority:	<i>Sections 394.453(1)(c), 394.4573, 394.9082 F.S.</i>
Frequency:	Ongoing
Due Date:	Ongoing

Discussion: The purpose of this document is to provide direction and recommendations for implementation of Recovery Management practices in Network Service Providers. These practices are accomplished using Florida's Recovery-Oriented System of Care (ROSC) Framework. This document provides best practice standards to transform delivery of care to one that focuses on sustainable wellness and recovery.

I. DEFINITIONS

A. Peer Specialist: As defined in s. 397.311(30), F.S.

B. Recovery: As defined in s. 397.311(37), F.S.

Through key stakeholder engagement, SAMHSA developed the following working definition of recovery.¹

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

This definition describes recovery as a process, not an end state. Complete symptom remission is neither a prerequisite of recovery nor a necessary process outcome. Recovery can have many pathways including professional clinical treatment and use of medications; family, school, and faith-based supports; peer support and other approaches. Four major dimensions support a life in recovery:

1. Health: Learning to overcome, manage, or more successfully live with symptoms; and making health choices that support one's physical and emotional wellbeing.
2. Home: A safe, stable place to live.
3. Purpose: Meaningful daily activities such as, work, school, volunteer activities, or creative endeavors; an increased ability to lead a self-directed life; and meaningful engagement in society.
4. Community: Relationships and social networks providing support, friendship, love, and hope.

C. Recovery Management (RM): A philosophical framework for organizing treatment services to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality-of-life enhancement for individuals and families affected by behavioral health disorders.²

D. Recovery-Oriented: Recovery-Oriented care recognizes that each person must be the agent of and the central participant in their own recovery journey. All services and supports need to be organized to support the developmental stages of this process.

E. Services should instill hope, be person and family-centered, offer choice, elicit, and honor each person's potential for growth, build on a person's and family's strengths and interests, and attend to the overall quality of life, including health and wellness. These values can be the foundation for all services regardless of the

¹ (Recovery, 2010)

² White, W. (2008). Recovery management and recovery-oriented systems of care. Chicago: Great Lakes Addiction Technology Transfer Center, Northeast Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.

service type.

F. Recovery-Oriented system of care (ROSC): A value-driven framework to guide transformation of a behavioral health system of care. The framework structures behavioral health systems to involve a network of clinical, nonclinical services, and supports that sustain long-term, community-based recovery. Formal and informal service networks are developed and mobilized to sustain long-term recovery for individuals and families impacted by behavioral health disorders. ROSC reflects variations in each community's vision, institutions, resources, and priorities. The "system" is not a treatment agency but a macro-level organization of a community, a state, or a nation.

G. Recovery Capital: Recovery capital is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery.

H. Recovery Support: As defined in s 397.311(40), F.S.

I. Support Services: As defined in s. 394.67(16)(c), F.S.

II. ROSC TRANSFORMATION OVERVIEW

Based on the Department's Florida Substance Abuse and Mental Health Plan Triennial State and Regional Master Plan³, Florida's behavioral health, recovery-oriented transformation includes:

A. Action-Oriented Priority Areas to Foster:

1. **Collaborative Service Relationship** indicated by a mutual service relationship between the provider and the service recipient that shift from a hierarchy model to the shared decision-making process and best practices that support the service recipients.
2. **Cross-system Partnerships** indicated by strategically leveraging resources and working across sectors to achieve common goals.
3. **Community Integration** indicated by assertively connecting service recipients to natural community-based resources to promote development of interest, skills, and supportive relationships.
4. **Community Health and Wellness** indicated by a focus on prevention, early intervention, wellness and increased recovery capital through targeted community education, strategic partnership development, and improved connections between system and local communities.
5. **Peer-based Recovery Support** indicated by increasing access to peer-based recovery support services.

B. Goals of a Recovery-Oriented System of Care

1. Promote good quality of life community health and wellness for all.
2. Prevent the development of behavioral health conditions.
3. Intervene earlier in the progression of illnesses.
4. Reduce the harm caused by substance use disorders and mental health conditions on individuals, families, and communities.
5. Provide the resources to assist people with behavioral health conditions to achieve and sustain their wellness and build meaningful lives for themselves in their communities.

³ Florida Substance Abuse and Mental Health Plan, Triennial State and Regional Master Plan, Fiscal Years 2019-2022, Department of Children and Families, Office of Substance Abuse and Mental Health, May 30, 2019

C. Best Practice Standards as defined in Table 1.

D. Performance Domains for Quality Improvement Monitoring.

The practices below are aligned with the Department's Recovery Oriented Quality Improvement Monitoring process and protocols produced by Florida Certification Board.

1. Meeting Basic Needs indicated by assessment, planning and delivery of all services to first address basic needs.
2. Comprehensive Services indicated by treatment and recovery supports that provide for a variety of treatment and recovery support modalities.
3. Medication Assisted Treatment where applicable indicated by the provision of information on psychotropic medication and medication-assisted treatment (MAT).
4. Strength Based Approach indicated by treatment delivery and planning that are fundamentally oriented toward individual's strengths rather than deficits.
5. Customization and Choice indicated by the planning and delivery of all services and supports are designed to address the unique circumstances, history, needs, expressed preferences, and capabilities of individuals receiving services.
6. Opportunity to Engage in Self-Determination indicated by the level of involvement of the individual determining treatment approaches and other recovery-oriented services.
7. Network Supports and Community Engagement indicated by active efforts in the planning and delivery of services to involve environmental supports in the individual's treatment and overall recovery that promotes community integration.
8. Recovery Focus indicated by providing services that are centered on helping individuals to achieve recovery goals and ensuring ongoing and seamless connections with services and supports.

E. Potential Practice Changes as described in Table 1.

The Department's goal is to transform its publicly funded behavioral health services to a more recovery-oriented system. The Department also acknowledges regional and community variances in terms of visions, institutions, resources, and priorities. Due to these variations, transformation practices discussed here are not proscriptive of best practice standards and the Department does not expect that all practices will be executed in every region or community. Specific regional best practices will be directed by each Managing Entity in consultation with the Department and key stakeholders. **Table 1** includes a list of best practice standards and changes in practice.

Table 1 ROSC Implementation Crosswalk		
Best Practice Standards	Performance Domains for Quality Improvement	Potential Practice Changes
<p>Assessment: Greater use of global and strength-based assessment instruments and interview protocol; shift from assessment as an intake activity to assessment as a continuing activity focused on the developmental stages of recovery.</p>	<p>Meeting Basic Needs</p>	<p><i>Conduct Global Assessments:</i> Use holistic, culturally relevant assessments, use strengths-based assessment procedures and interview protocols; shift from assessment as an intake activity to assessment as a continuing activity focused on the developmental stage of recovery. Focus the assessment on multiple life domains rather than primarily on the presenting problems.</p>
<p>Clinical Care: Greater accountability for delivery of services that are evidence-based, gender-sensitive, culturally competent, and trauma informed; greater integration of professional counseling and peer-based recovery support services; considerable emphasis on understanding and modifying each client's recovery environment; use of formal recovery circles (recovery support network development).</p> <p>Service Dose and Duration: Dose and duration of total services will increase while number and duration of acute care episodes will decline; emphasis shifts from crisis stabilization to ongoing recovery coaching; great value placed in continuity of contact in a primary recovery support relationship over time.</p> <p>Post-treatment Checkups and Support: Emphasis on recovery resource development (e.g., supporting alumni groups and expansion/diversification of local recovery support groups); assertive linkage to communities of recovery; face-to-face, telephone-based, or Internet-based post-treatment monitoring and support; stage-appropriate recovery education; and, when needed, early re-intervention.</p>	<p>Comprehensive Services</p>	<p><i>Promote Retention:</i> Enhance rates of service retention and reduce rates of service disengagement and administrative discharge by utilizing outreach workers, enhancing peer-based recovery support services in the treatment context, providing culturally competent services, providing a menu of service options so that care is individualized, and incorporating family members and other important allies as desired. Develop assertive approaches to helping people remain connected to natural community-based supports.</p>
		<p><i>Expand the Focus of Services and Supports:</i> Expand the focus beyond sobriety, symptom management, or biopsychosocial stabilization, to assisting individuals with building lives in the community and promoting community health. Focus on what people and communities want to become rather than what we want them to stop doing. Strengthen the family and community contexts so that individuals have increased access to natural supports, which sustain recovery and wellness beyond their involvement in a treatment episode. Facilitate the development of recovery maintenance skills rather than only recovery initiation skills. Provide clinical services that are recovery-focused, evidence-based, developmentally appropriate, gender-sensitive, culturally competent, trauma-informed and integrated with a broad spectrum of non-clinical recovery support services. Provide prevention supports that strengthen individual, family and community protective factors and reduce risk factors for substance use.</p>
		<p><i>Ensure a Sufficient Continuum of Care with Appropriate Dose/Duration of Services:</i> Provide doses of treatment services across levels of care that are associated with positive recovery outcomes. Facilitate continuity of contact in a primary recovery-support relationship over time and across levels of care.</p>
		<p><i>Develop strong cross-system partnerships to achieve common goals:</i> Build meaningful collaborations across systems such as criminal justice, behavioral health, child welfare, housing, public health, education, transportation, to strategically leverage resources and achieve intersecting goals.</p>
		<p><i>Increase Service Access:</i> Assure rapid access to treatment with minimal wait times. During unavoidable wait times, engage people through peer-based supports within treatment. Ensure that there are no limitations to accessing treatment based on past utilization and/or outcomes.</p>

Table 1 ROSC Implementation Crosswalk

Best Practice Standards	Performance Arenas for Quality Improvement Monitoring	Potential Practice Changes
<p>Clinical Care: Greater accountability for delivery of services that are evidence-based, gender-sensitive, culturally competent, and trauma informed; greater integration of professional counseling and peer-based recovery support services; considerable emphasis on understanding and modifying each client's recovery environment; use of formal recovery circles (recovery support network development).</p>	<p>MAT</p>	<p><i>Conduct Global Assessments:</i> Use holistic, culturally relevant assessments, use strengths-based assessment procedures and interview protocols; shift from assessment as an intake activity to assessment as a continuing activity focused on the developmental stage of recovery. Focus the assessment on multiple life domains rather than primarily on the presenting problems.</p>
		<p><i>Promote Health Activation:</i> Shift towards philosophy of choice rather than prescription of pathways and styles of recovery/support, greater client authority and decision making within the service relationship, emphasis on empowering clients to self-manage their own recoveries and identify their personal life and treatment goals. Similarly, empower the community to identify their strengths that can be mobilized to promote wellness.</p>
<p>Assessment: Greater use of global and strength-based assessment instruments and interview protocol; shift from assessment as an intake activity to assessment as a continuing activity focused on the developmental stages of recovery.</p> <p>Service Relationship: Service relationships are less hierarchical with counselor serving more as ongoing recovery consultant than professional expert; more a stance of "How can I help you?" than "This is what you must do."</p>	<p>Strengths Based Approach</p>	<p><i>Facilitate Individualized, Person-Centered Service Planning:</i> Ensure that treatment and recovery/wellness planning processes are individualized, directed by the person/family, and are grounded in the broader life goals that people have for themselves rather than clinical goals.</p>
		<p><i>Promote Health Activation:</i> Shift towards philosophy of choice rather than prescription of pathways and styles of recovery/support, greater client authority and decision making within the service relationship, emphasis on empowering clients to self-manage their own recoveries and identify their personal life and treatment goals. Similarly, empower the community to identify their strengths that can be mobilized to promote wellness.</p>
<p>Role of Client: Shift toward philosophy of choice rather than prescription of pathways and styles of recovery; greater client authority and decision-making within the service relationship; emphasis on empowering clients to self-manage their own recoveries.</p> <p>Service Relationship: Service relationships are less hierarchical with counselor serving more as ongoing recovery consultant than professional expert; more a stance of "How can I help you?" than "This is what you must do."</p>	<p>Customization and Choice</p>	<p><i>Promote Health Activation:</i> Shift towards philosophy of choice rather than prescription of pathways and styles of recovery/support, greater client authority and decision making within the service relationship, emphasis on empowering clients to self-manage their own recoveries and identify their personal life and treatment goals. Similarly, empower the community to identify their strengths that can be mobilized to promote wellness.</p>
		<p><i>Promote Collaborative Service Relationships:</i> Shift the relationship with clients and community members from a hierarchical expert-patient model to a partnership/consultant model. The helping stance changes from "this is what you must do" to "how can I help you?"</p>
		<p><i>Expand the Focus of Services and Supports:</i> Expand the focus beyond sobriety, symptom management, or biopsychosocial stabilization, to assisting individuals with building lives in the community and promoting community health. Focus on what people and communities want to become rather than what we want them to stop doing. Strengthen the family and community contexts so that individuals have increased access to natural supports, which sustain recovery and wellness beyond their involvement in a treatment episode. Facilitate the development of recovery maintenance skills rather than only recovery initiation skills. Provide clinical services that are recovery-focused, evidence-based, developmentally appropriate, gender-sensitive, culturally competent, trauma-informed and integrated with a broad spectrum of non-clinical recovery support services. Provide prevention supports that strengthen individual, family and community protective factors and reduce risk factors for substance use.</p>

Table 1 ROSC Implementation Crosswalk

Best Practice Standards	Performance Arenas for Quality Improvement Monitoring	Potential Practice Changes
<p>Engagement Greater focus on early identification via outreach and community education; emphasis on removing personal and environmental obstacles to recovery; shift in responsibility for motivation to change from the client to service provider; loosening of admission criteria; renewed focus on the quality of the service relationship.</p> <p>Retention: Increased focus on service retention and decreasing premature service disengagement; use of peers, outreach workers, recovery coaches, and advocates to reduce rates of client disengagement and administrative discharge.</p> <p>Attitude toward Re-admission: Returning clients are welcomed (not shamed); emphasis on transmitting principles and strategies of chronic disease management; focus on enhancement of recovery maintenance skills rather than recycling through standard programs focused on recovery initiation; emphasis on enhancing peer-based recovery supports and minimizing need for high-intensity professional services.</p>	<p>Opportunity to Engage in Self-Determination</p>	<p><i>Facilitate Individualized, Person-Centered Service Planning:</i> Ensure that treatment and recovery/wellness planning processes are individualized, directed by the person/family, and are grounded in the broader life goals that people have for themselves rather than clinical goals.</p> <p><i>Peer-based Recovery Support Services:</i> Expand the availability of non-clinical, formal (paid) and informal (non-paid) peer-based recovery support services and integrate them with professional and peer-based services.</p>
<p>Service Delivery Sites: Emphasis on transfer of learning from institutional to natural environments; greater emphasis on home-based and neighborhood-based service delivery; greater use of community organization skills to build or help revitalize indigenous recovery supports where they are absent or weak.</p> <p>Service Relationship: Service relationships are less hierarchical with counselor serving more as ongoing recovery consultant than professional expert; more a stance of "How can I help you?" than "This is what you must do."</p> <p>Attitude toward Re-admission: Returning clients are welcomed (not shamed); emphasis on transmitting principles and strategies of chronic disease management; focus on enhancement of recovery maintenance skills rather than recycling through standard programs focused on recovery initiation; emphasis on enhancing peer-based recovery supports and minimizing need for high-intensity professional services.</p>	<p>Network Supports and Community Integration</p>	<p><i>Promote Community Integration:</i> Facilitate community integration by supporting people in identifying their personal dreams, goals, and preferences for their life. Connect them to relevant resources and walk alongside them to develop the interest, skills and relationships that will enable them to enhance their life. Collaborate with indigenous recovery-support organizations (e.g., faith community); assertively link people to local communities of recovery; participate in local recovery education/celebration events in the larger community and advocate on issues that affect long-term recovery in the community (e.g., issues of stigma and discrimination). Mobilize and increase collaboration amongst diverse community resources. Partner with the community in a manner that values and integrates the knowledge, expertise, and strengths of community members.</p> <p><i>Promote Collaborative Service Relationships:</i> Shift the relationship with clients and community members from a hierarchical expert-patient model to a partnership/consultant model. The helping stance changes from "this is what you must do" to "how can I help you?"</p> <p><i>Conduct Strength-Based Community Asset Mapping:</i> Support prevention efforts that use a strategic approach to assess the strengths and assets within communities, rather than focus primarily on needs assessments, gaps, and identified problems.</p> <p><i>Assertively Engage All Community Members:</i> Promote prevention, early engagement, and intervention via outreach and community education. For those in need of intervention, emphasize removing personal and environmental obstacles to recovery through meeting basic needs; ensure that the responsibility for motivation to change shifts from clients to service providers; use inclusive admission criteria rather than emphasis on exclusionary criteria.</p> <p><i>Broaden Service Delivery Sites:</i> Increase the delivery of community integrated neighborhood and home-based services and expand recovery support services in high-need areas. Utilize and link people to existing community-based resources rather than duplicating efforts and recreating resources within segregated, institutional environments. Assist people in developing a network of natural recovery supports in order to increase their recovery capital.</p>

III. MANAGING ENTITY RESPONSIBILITIES

Each Managing Entity shall demonstrate progress toward implementation of a ROSC framework within its service areas. The Managing Entity shall:

- A. Incorporate specific Best Practice Standards and Potential Practice Changes in **Table 1** into Network Service Provider subcontracts and monitor compliance with the Performance Arenas for Quality Improvement Monitoring aligned with the specific standards and changes selected.
- B. Incorporate concepts designed to bolster the role of peer support and ROSC concepts with Network Services Providers to Incorporate the elements of the Florida Peer Services Handbook 2016, available at: [Recovery Oriented System of Care \(ROSC\) Managing Entities | Florida DCF \(myflfamilies.com\)](#)
- C. Require subcontracted Network Service Providers who employ peers with direct recovery-support service roles to:
 - 1. Use the Reaching for their Dreams Using Recovery Capital as a foundation to inform the individualized recovery planning process by developing goals among applicable domains.
 - 2. Receive standardized supervision of peer-based support services training for peer supervisors Providers.
- D. Support programmatic changes to include prevention and early intervention.
- E. Promote adoption of sustainable recovery-oriented practices.
- F. Analyze and assess current Managing Entity administrative, fiscal, policy, monitoring, and evaluation functions to align with recovery-oriented concepts using the Best Practices Standards in **Table 1**.
- G. Identify opportunities to promote the expansion of peer-based recovery support services and recovery communities, enhance the role of peers in the workforce, and support development of peer-run organizations in their network.
- H. Require subcontracted Network Service Providers providing direct services to use, at minimum the Self-Assessment Planning Tool (SAPT) and Recovery Self-Assessment (RSA) tools and the DATA Analysis and Strategic Planning Steps available to assess recovery-oriented activities. Applicable resources available at: [Recovery Oriented System of Care \(ROSC\) Providers | Florida DCF \(myflfamilies.com\)](#)
[Recovery Self-Assessment < Yale Program for Recovery and Community Health](#)
- I. Every two years, conduct a process for collecting data from the SAPT and the RSA Person in Recovery, Provider version, and where applicable Family Member/Significant Other version for implementing Recovery-Oriented Services.
- J. Annually provide technical assistance to Network Service Providers for improvement among all domains and shall include development of individualized action plans.
- K. Annually provide a regional summary report that includes data to demonstrate the extent to which services use the characteristics of recovery-oriented best-practices. This report shall also include a regional action plan to address opportunities for improvements and demonstrate progress towards identified goals.
- L. Require direct Network Services Providers to complete Recovery Management Curriculum Modules 1 through 7 on Recovery Management best practices in employee orientation and refresher training available at: [Recovery Oriented System of Care \(ROSC\) Providers | Florida DCF \(myflfamilies.com\)](#)
- M. Use the Recovery Oriented Quality Improvement Monitoring Blueprint, available at [Recovery Oriented System of Care \(ROSC\) Managing Entities](#)
 - 1. Conduct Recovery-Oriented Quality Improvement monitoring as a component of routine monitoring of Network Service Providers providing direct services.

2. Include findings from the monitoring in a final report that shall include all elements of the site visit, facility tour, policy and procedure review, person served interviews, surveys, service chart scoring outcomes, staff interviews, and where applicable, review of peer specialist staff job description(s).
3. In consultation with the Department, provide follow-up training and technical assistance on enhancing recovery management approaches and practices to monitored providers with a cumulative average score of less than 4.0 across all domains.
4. Reports shall be submitted to the Network Service Provider and the Department's regional office within 30 days of the site visit.

IV. RESOURCES

Managing Entities and Network Service Providers are encouraged to research the following recovery-oriented promising practices as examples of effective implementation:

Recovery Support Bridger's/Navigators - Certified Recovery Peer Specialists (CRPS) are utilized to assist individuals successfully transition back into the community following discharge from a SMHTF, CSU or Detox. The CRPS engages the individual while still inpatient and provides support and information on discharge options. They participate in discharge planning and assist the person in identifying community-based service and support needs and build self-directed recovery tools, such as a Wellness Recovery Action Plan (WRAP). The CRPS then supports the individual as they transition to the community. More information on WRAP may be accessed at: <http://mentalhealthrecovery.com/>

Care Transition Programs[®] - This intervention utilizes a Transition Coach to preferably meet an individual in the acute care setting to engage them and their family (as appropriate) and sets up in-home follow up visits and phone calls designated to increase self-management skills, personal goal attainment, and provide continuity across the transition.⁴ More information on the Care Transition Programs may be accessed at: <http://caretransitions.org/>

Behavioral Health Homes - The SAMHSA – HRSA Center for Integrated Health Solutions has proposed a set of core clinical features of a behavioral health-based health home that serves people with mental health and substance use disorders, with the belief that application of these features will help organizations succeed as health homes.

This resource may be accessed at: http://www.integration.samhsa.gov/clinical-practice/CIHS_Health_Homes_Core_Clinical_Features.pdf

Reducing Avoidable Readmissions Effectively - The RARE Campaign in Minnesota was established to improve the quality of care for persons transitioning across care systems and to reduce avoidable readmissions by 20%.

Five areas were identified as a focus of these efforts:

- Patient/Family Engagement and Activation,
- Medication Management,
- Comprehensive Transition Planning,
- Care Transition Support, and
- Transition Communication

For more detail, the RARE Campaign published recommendations on actions to address the above areas of focus which can be accessed at: http://www.rarereadmissions.org/documents/Recommended_Actions_Mental_Health.pdf

Telehealth - Technology presents another promising practice in coordinating care, specifically related to access. For example, the Department of Veterans Affairs piloted a care coordination/home telehealth initiative that continually monitored veterans with chronic health conditions. Vital signs and other disease management data was

⁴ See, <http://caretransitions.org/about-the-care-transitions-intervention/>, site accessed October 14, 2015.

transmitted to clinicians remotely located. The pilot reported reductions in hospital admissions and length of stay.⁵

Wraparound - Wraparound is an intensive, individualized care planning and management process for individuals with complex needs, most typically children, youth, and their families. The Wraparound approach provides a structured, holistic, and highly individualized team planning process which includes meeting the needs of the entire family. The philosophy of care begins with the principal of "voice and choice", which stipulates the child and family perspective and drives the planning. The values further stipulate that care be community-based and culturally and linguistically competent. The staff to family ratio typically does not exceed one Wraparound facilitator to ten families. More information on Wraparound may be accessed at: <http://nwi.pdx.edu/>.

Related Articles:

- Philadelphia Behavioral Health Services Transformation Practice Guidelines for Recovery and Resilience Oriented Treatment.
- Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit. Philadelphia, PA: DBHIDS.
- Davidson, L.; Tondora, J.; Ridgway, P.; & Rowe, M. (2012). Inventory of transformation characteristics for recovery-oriented systems of care. New Haven, CT: Yale University Program for Recovery and Community Health.
- Winarski, J., Dow., M, Hendry, P., & Robinson, P. (2018). Self-Assessment/Planning Tool for Implementing Recovery-Oriented Services (SAPT) Adapted for Florida's Recovery Oriented System of Care Initiative (ROSC). Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida.
- Recovery concept finds common ground in mental health and addiction, Co-occurrences Newsletter of the Minnesota Co-Occurring State Incentive Grant Project.
- Recovery in Mental Health & Addiction, Davidson and White, Recovery to Practice Issue No. 14
- Kelly, J. & White, W. (Late 2010) Addiction recovery management: Theory, science and practice. New York: Springer Science.
- Monographs published by Great Lakes ATTC, available at <http://www.williamwhitepapers.com/>:
 - Recovery Management
 - Peer-based Addiction Recovery Support: History, Theory, Practice, and Scientific Evaluation
 - Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices
 - Practice Guidelines for Resilience and Recovery Oriented Treatment, Philadelphia Department of Behavioral Health and Intellectual Disability Services

Relevant Websites:

<http://www.williamwhitepapers.com/>

<http://www.acharaconsulting.com/>

<http://www.acharaconsulting.com/peer-support-toolkit/>

<https://www.samhsa.gov/brss-tacs>

<https://inaps.memberclicks.net/assets/docs/RTP%20Next%20Steps%20Manual.pdf>

<https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>

⁵ IOM (Institute of Medicine). 2010. The healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary. Washington, DC: The National Academies Press

Appendix B Exhibit BF

RECOVERY COMMUNITY ORGANIZATION SCOPE OF WORK

Network Provider:

- A. Background** : Through key stakeholder engagement, SAMHSA developed the following working definition of recovery. Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

This definition describes recovery as a process, not an end state. Complete symptom remission is neither a prerequisite of recovery nor a necessary process outcome. Recovery can have many pathways including professional clinical treatment and use of medications; family, school, and faith-based supports; peer support and other approaches. Four major dimensions support a life in recovery:

1. Health: Learning to overcome, manage, or more successfully live with symptoms; and making health choices that support one’s physical and emotional wellbeing.
 2. Home: A safe, stable place to live.
 3. Purpose: Meaningful daily activities such as, work, school, volunteer activities, or creative endeavors; an increased ability to lead a self-directed life; and meaningful engagement in society.
 4. Community: Relationships and social networks providing support, friendship, love, and hope.
- B. Target Population** Funds must be used to provide recovery support services to individuals with substance use disorders and/or co-occurring disorders.

C. Services to be Provided.

C.1. The Network Provider will provide non-clinical peer-based recovery support services to serve individuals meeting the target population above in Section B, Target Population. “Recovery Support” services are defined in s. 397.311(40), F.S. “Support Services” are defined in s. 394.67(16) (c), F.S.

The Network Provider will support multiple pathways to recovery, will use a person-centered approach that focuses on the needs and preferences of the individual and will operate under the principles of a Recovery-Oriented System of Care (ROSC). ROSC principles promote a coordinated network of community-based services and supports that is person-centered, self-directed care, and builds on the strengths and resilience of

individuals, families, and communities to achieve improved health, wellness, and quality of life. As such, the Network Provider will operate under a “no wrong door” model as defined in s. 394.4573, F.S., as well as the other guiding principles of ROSC.

As part of the Network Providers’ Recovery-Oriented activities/meetings, the Network Provider encourages participants to identify the recovery-process that works best for them and discourage stigmatizing language and behaviors that suggest a right or wrong way. Additionally, The Network Provider recognizes that recovery is a process. For individuals to achieve their goals throughout that process, they need to have resources or supports available that promote their recovery. In addition to decreasing drug use, the Network Provider will aim to increase recovery capital.

The Network Provider will offer group meetings two (2) times per week to individuals in or seeking recovery, family members, friends and other members of the recovery community, such as but not limited to, SMART Recovery, Refuge Recovery, Family Recovery Groups, Peer Support Groups, Life Skills Support. Topics of discussions may cover such as but not limited to, emotional support, recovery topics, wellness tools. Meetings can occur via a secure virtual platform until such time hosting in-person meetings are safe to do so.

The Network Provider must offer specialized peer programs, activities and/or services that are evidence-based or evidence-informed, including but not limited to Wellness Recovery Action Planning (WRAP), Whole Health Action Management (WHAM), Motivational Interviewing, Recovery Capital and Planning, Adults in the Making (AIM), Seeking Safety and Relapse Prevention. One (1) Peer Training will be offered per quarter.

The Network Provider will look for training opportunities for the above listed programs, activities and/or services. Due to social distancing restrictions regarding COVID-19, some trainings may not be available or may be conducted via virtual platforms. If the trainings are not available, the Network Provider shall notify the ME. The Network Provider shall work with the ME to identify other training opportunities.

C.2. No Wrong Door Policy and Referrals to Community Partners for Services.

The path to recovery looks different for everyone. The Network Provider will connect individuals to treatment facilities, counseling, community assistance, and any other resource the individual needs for services and not offered by the Network Provider. The Network Provider will develop linkages with other community providers and will enter into Memorandums of Agreement/Understanding and/or Data Sharing Agreements as necessary. The Network Provider will provide a warm hand off to the providers who do provide the services that individuals seek and/or need and ensure that they are involved in that service. Individuals in need of treatment will be directed to treatment centers that will accept their insurance and/or their financial situation and support their treatment goals. The Network Provider will also provide linkages to housing, legal, and

financial support services and community professionals who can assist them. The Network Provider must follow up with the individual referred for services within five days of the scheduled appointment and confirm that the individual made it to the appointment. If the individual did not make it to the appointment the Network Provider will provide the necessary supports to assist the individual with the linkage. The Network Provider shall document those efforts in the individual's file.

C.3. Activities related to public advocacy and education in the community.

The Network Provider is a member and will work closely with Floridians for Recovery and the Recovery Advocacy Project (RAP) to address public policy related to substance use and use disorders for the Southern Region and other regions, areas as necessary. RAP is a national leader in advocating for addiction recovery and has a chapter for most states. RAP has been effective in identifying issues and reaching out to state organizing teams to advocate on a local level. The Network Provider is part of RAP's Florida Organizing Team. Through the use of platforms such as the Action Network RAP, the Network Provider will encourage members of the community to participate in advocacy efforts.

C.4. Staffing Pattern

At a minimum, these positions are budgeted for the project:

1. **Program Director*** 1 FTE (must be a peer, certified or in the process of seeking certification.) The Program Director will be responsible for ensuring that the program is functioning as prescribed in Guidance Document 35, Recovery Management Practices, and in this Scope of Work, manages administrative and direct service staff, initiates collaboration with community partners and Thriving Mind, and maintain the integrity of the agency.
2. **Certified Peer Specialists***: Minimum of 3 FTE (certified or in the process of seeking certification.) Certified Peer Specialists will conduct direct services to individuals served and provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term Recovery maintenance, and quality-of-life enhancement for individuals and families affected by behavioral health disorders.
3. **Data Entry/Analyst**** at: 0.5 FTE Th Data Entry/Analyst will be responsible for data collection, entry, analysis, performance assessment. This individual should be able to operate a computer and have data entry experience.

The positions below may be subcontracted out or be hired as employees of the agency:

4. **Quality Assurance/Quality Improvement (QA/QI) Specialist****- 0.25 FTE- A Quality Assurance/Quality Improvement Specialist ensures that the agency is maintaining compliance with all requirements and guidelines stipulated by the Managing Entity. They conduct qualitative and quantitative internal reviews, complete required reports and plans, develop and implement QA/QI policies, when necessary, participate in

Department required trainings, among other duties. This individual should have at minimum one (1) year of experience in QA/QI.

5. **Fiscal Administrator****- 0.25 FTE: A fiscal administrator is responsible for ensuring that funds are spent and managed according to the goals, objectives and mission of the organization. The role of a financial administrator is to analyze the company's financial performance, including its losses and revenues, writing financial reports, and providing recommendations for cost-reduction processes to minimize financial risks. The financial administrator is also responsible for managing the financial affairs of the company, maintaining financial records, preparing reports, and reconciling accounts.
6. **Human Resource Coordinator****- 0.25 FTE: The duties of a Human Resource Coordinator include developing recruitment strategies, implementing systems for managing staff benefits, payroll, and behavior, reviewing agency policies related to staff, ensuring required trainings are completed in a timely manner by all applicable staff, and onboarding new employees.

*At minimum, one individual must be certified and have at least two (2) years' experience working as a Peer Specialist, whether the Program Director or Peer Specialist. These must be able to supervise Peers in the process of obtaining their certification.

** For all hired staff, it is preferred that the individual have lived experience or have relatives with lived experience.

C.5. Certified Recovery Peer Specialist(s) Position Service Provision and Supervision.

The Peer Specialist shall provide peer-based Recovery Support Services. Recovery Support services is defined in 397.311(30), F.S. Rule 65E-14, Florida Administrative Code as services designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. For the purpose of this contract services include substance use education, assistance with coordination of services as needed, skills training, and coaching. For Adult Substance Use programs, these services will be provided by a certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualified Professional as defined in Rule 65D-30.002, F.A.C. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous. Peer Specialist must be certified within one (1) year of hire by the Florida Certification Board.

D. Portfolio and Activities for Certified/Uncertified Recovery Peer Specialist.

The maximum active portfolio (enrolled individuals actively receiving services) per full time Peer Specialist is fifteen (15). Enrolled individuals must have a signed consent form to be considered enrolled and actively receiving services with a minimum of one (1) contact and service per week.

Beyond the active portfolio of the Peer Specialists, peers must also attempt to engage and enroll individuals served through outreach activities. Engaged individuals are

individuals who meet service criteria for peer services but have yet to formally accept RCO services via a signed consent form. Each month the overall individuals engaged in outreach activities should be a minimum of 30 contacts per peer. Engagement can occur during outlined engagement activities.

A minimum of individuals engaged per full-time peer, quarterly is 90.

A minimum of individuals engaged per full-time peer, annually is 300.

Note: For newly contracted RCO's Thriving Mind will negotiate minimum numbers served deliverable for each Peer Specialist.

E. Performance Outcomes.

1. The Network Provider must have at maximum fifteen (15) enrolled contacts per Certified Peer Specialist or Peer Specialist in the process of seeking certification.
2. The Network Provider must engage at minimum thirty (30) engaged contacts per Certified Peer Specialist or Peer Specialist in the process of seeking certification.
3. The Network Provider must conduct at minimum five (5) monthly community outreach activities, as described in F. Outreach Activities.
4. Certified Peer Specialist or Peer Specialist in the process of seeking certification must conduct at minimum one (1) service contact per individual served enrolled in the RCO weekly. All service contacts must be documented as stipulated in Section H. Service and Audit Documentation, including unsuccessful contact attempts.
5. The Network Provider will offer group meetings two (2) times per week to individuals in or seeking recovery, family members, friends and other members of the recovery community, such as but not limited to, SMART Recovery, Refuge Recovery, Family Recovery Groups, Peer Support Groups, Life Skills Support.

Note: It is expected that new and emerging RCO's will require time to begin the implementation of these performance outcomes. A timeframe will be negotiated between the Network Service Provider and Thriving Mind.

F. Outreach Activities. The Network Provider shall conduct, at a minimum, five (5) monthly community outreach activities as recommended below:

Educational activities, informational presentations and participation in community groups and forums, local health fairs, drug treatment courts, jail diversion programs, school related events, community substance use treatment providers.

The ME at its sole discretion may ask the Network Provider and the Network Provider will agree to conduct outreach activities that benefit and are in the best interest of the community.

Outreach is targeted for two populations, for the ME provider network and for the

community. Outreach within the provider network should target the enrollment, education, and importance of Recovery Support Services and Recovery Community Organizations. It should also target peers working within our network of providers. Community Outreach should target community members who may need Recovery Support Services and are meeting barriers to recovery or their family members. Community outreach is for those who are not in our network.

G. Recovery Capital

Recovery capital is the sum of a person's internal and external resources that can be used to initiate and maintain recovery from substance use disorder. It includes a person's physical and mental health, relationships, education, employment, and other resources.

A recovery capital plan is a document that helps individuals identify and build on their recovery capital. It includes a person's recovery goals, as well as the steps they will take to achieve those goals.

Peer specialists play an important role in helping individuals develop and implement recovery capital plan. Peer Specialists provide support, guidance, and mentorship to individuals in recovery. They can also help individuals identify and access the resources they need to support their recovery.

Peer specialists play a vital role in recovery capital planning by:

- Helping individuals to identify and assess their current recovery capital.
- Assisting individuals to develop recovery goals and a plan to achieve them.
- Providing support and guidance as individuals implement their recovery capital plans.
- Connecting individuals to other resources in the recovery community.

Recovery capital planning is an essential part of recovery. It helps people identify and build on their strengths and resources, which can increase their chances of long-term recovery. Peer specialists play a vital role in recovery capital planning by providing support, guidance, and mentorship. Peer specialists at the RCO are expected to support individuals enrolled in services to help them increase their recovery capital.

All the services provided by a Peer Specialist to enrolled individuals are defined as Recovery Support Services and must be documented and filed in accordance with Rule 65E-14 of the Florida Administrative Code.

H. Data Collection and Submission.

1. **Service Data:** The Network Provider must submit all Outreach and Peer Recovery Support services on a monthly basis by the 4th of every month following the month of service into the ME's designated data system and must comply with the requirements of the FASAMS DCF Pamphlet 155-2.

Note: The submission of the service data into the designated data system for a newly contracted RCO may be waived for the first year of the contract.

The Network Provider must periodically review the performance data they report to the ME, track successful completion of services for individuals served under this contract. The Network Provider may be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers.

2. The Network Provider agrees to submit any ad hoc reports as requested by the ME.

I. Service and Audit Documentation for Recovery Support Services pursuant to Rule 65E-14, F.A.C. – The Network Provider is responsible for ensuring that all applicable requirements in Rule 65E-14, F.A.C. are adhered to.

1. This Covered Service is comprised of nonclinical activities that assist individuals and families in recovering from substance use and mental health conditions. Activities include social support, linkage to and coordination among service providers, life skills training, recovery planning, coaching, education on mental illness and substance use disorders, assisting individuals using digital therapeutics approved by the United States Food and Drug Administration, and other supports that facilitate increasing recovery capital and wellness contributing to an improved quality of life. Recovery capital is the personal, family, social, community resources and natural supports that promote recovery. These activities may be provided prior to, during, and after treatment. These services support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. This Covered Service shall include supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service, or by a certified peer specialist who has at least 2 years of full-time experience as a peer specialist at a licensed behavioral health organization. This Covered Service must be provided by a Certified Recovery Peer Specialist pursuant to Section 397.417, F.S. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph

(3)(a)1.a.(III) of Rule 65E-14, F.A.C.

4. 4. Data Elements:
 - a. Service Documentation – Activity Log:
 - (I) Covered Service,
 - (II) Staff name and identification number,
 - (III) Recipient name and identification number,
 - (IV) Service date,
 - (V) Duration,
 - (VI) Service (specify),
 - (VII) Clinical diagnosis,
 - (VIII) Group Indicator; and,
 - (IX) Program.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Recipient name and identification number,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration; and,
 - (V) Service (specify).

J. Trainings.

The Network Provider will host regular educational events that focus on pathways to recovery, stigma, recovery language, harm reduction, and recovery ally training. Additionally, on a quarterly basis the Network Provider shall provide and/or coordinate Mental Health First Aide, WRAP and/or WHAM, and Narcan Training to community stakeholder and treatment providers.

K. Website.

The Network Provider shall post on its website the following:

1. Schedule of events/calendar (trainings, groups, presentations, community events)
2. Resource guide
3. Linkage to community resources

Note: Newly contacted RCOs will have ninety (90) days after execution of the contract to establish a website if they currently do not have one accessible to the public. This should be part of the implementation plan.

L. Meetings.

1. The Network Provider will meet with the ME's Peer Services Manager when called upon.
2. The Network Provider will attend service provider meetings when scheduled.

M. Required Reports.

The Network Provider shall submit the following reports by the dates and to the individuals listed in Exhibit C, Required Reports.

1. **DCF RCO Monthly Report:** No later than the 10th of the month, the DCF RCO Monthly Report will be submitted to the ME’s Contract Manager and Peer Services Manager. The DCF RCO Monthly Report criteria can be viewed on Appendix O, Department of Children and Families Recovery Community Organization (RCO) Monthly Report. The RCO Monthly Report is then submitted to DCF by the ME Peer Services Manager.

2. **Quarterly Peer Support Tracker:** No later than 15 days after the close of each Quarter of the state fiscal year, the Network Provider must submit to the ME’s Peer Services Manager, a quarterly Peer Support Tracker, as provided and referenced in Exhibit AO, Peer Services.

 The Quarterly Peer Support Tracker must be submitted electronically in a secured, password protected or encrypted format.

3. **RCO Monthly Service Outcome Report:** No later than the 8th day of the month, the Network Provider must submit to the ME’s Peer Services Manager and Contract Manager the RCO Monthly Service Outcome Report in the required format which shall include the following:

Deliverables	Monthly Total Reporting Month:	Quarterly Total ___ Q1: July-Sept. ___ Q2: Oct – Dec. ___ Q3: Jan-March ___ Q4: April – June	Fiscal Year to Date Total
Total # of peers on Staff			
Peer Training (1 required per quarter)			
Individuals Enrolled and provided Recovery Support Services			
Individuals Engaged in Outreach or other activities (90 required per full time peer per quarter, 300 required per peer per fiscal year)			

Community Outreach Activities (5 required monthly)			
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4. **Quarterly and Annual Expenditure Report:** The Network Provider shall submit a quarterly expenditure report by the dates and to the individuals identified in Exhibit C in the template provided by the ME. Any funds paid to the Network Provider in excess of the amount to which the Network Provider is entitled under the terms and conditions of this Contract must be refunded to the ME.
5. The Network Provider shall track, monitor, and report to the ME, at the ME’s request, service outcomes for individuals served. The report must include at a minimum a person’s progress overtime and any other data elements agreed to by the parties. The report shall be presented in a format approved by the parties. The ME may use the data collected to establish performance measures for this contract or any subsequent contract(s).
6. The ME reserves the right to request additional or ad hoc reports.

N. Performance Specifications

1. Performance Measures

- a. **100%** of the required reports as outlined in this Exhibit will be delivered timely, unless otherwise directed by the ME.

2. Performance Evaluation Methodology

The outcome measurement contained in paragraph N. above will be calculated by dividing the total number of reports required to be submitted into the total number of reports delivered by the 20th of the month.

Numerator: # of monthly/quarterly status reports delivered by 20th of month
 Denominator: number of reports

3. Performance Standards Statement

By execution of this contract the Network Provider hereby acknowledges and agrees that its performance under the contract must meet the standards set forth *above* and will be bound by the conditions set forth in this contract. If the Network Provider fails to meet these standards, the Managing Entity, at its exclusive option, may allow a reasonable period, not to exceed 6 months, for the

Network Provider to correct performance deficiencies. If performance deficiencies are not resolved to the satisfaction of the Managing Entity within the prescribed time, and if no extenuating circumstances can be documented by the Network Provider to the Managing Entity's satisfaction, the Managing Entity must terminate the contract. The Managing Entity has the sole authority to determine whether there are extenuating or mitigating circumstances.

**Appendix C
Exhibit AO
Peer Services**

Peer Support Specialists (as defined in s. 397.311(30), F.S.) and Recovery Management practices (as described in Exhibit BH, Recovery Management Practices) have become an integral part of recovery services. The state of Florida has committed to delivering behavioral health services in a recovery-oriented and peer involved approach. A Peer Specialist is a person who uses their lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency [SAMHSA.gov]. A Peer Support Specialist may go by different names (e.g. life coach, recovery coach, recovery support specialist, peer-bridger, etc.) nevertheless they perform similar duties. The primary activities of peer specialists are to provide support and advocacy, role model recovery, and facilitate positive change, while working alongside the treatment team if applicable. Peer support is voluntary, mutual and reciprocal, equally shared power, strengths-focused, transparent, and person driven [National Practice Guidelines for Peer Supporters – International Association of Peer Supporters].

The requirements in this exhibit applies to all Network Providers providing peer support services funded by this contract.

NETWORK PROVIDER RESPONSIBILITIES

1. Peer Specialist Certifications: Peer Specialists who provide recovery support services, as defined in Florida Statute 397.417(3) and Florida Administrative Code Rule 65E-14, must seek certification as peer specialists if they have been in recovery from a substance use disorder or mental illness for at least two years, or if they are a family member or caregiver of a person with a substance use disorder or mental illness. The Florida Department of Children and Families requires that peer specialists who provide recovery support services be certified, but individuals who are not certified may provide recovery support services as peer specialists for up to one year if they are working towards certification and are supervised by a qualified professional or by a certified peer specialist who has at least two years of full-time experience as a peer specialist at a licensed behavioral health organization.
2. Employee Orientation for Peers: The Network Provider must provide standardized training on Recovery Management best practices in employee orientation and refresher trainings, as required by Exhibit BH, Recovery Management Practices.
3. Assessment Tools: Peers who are employed at a Statewide Opioid Response grant funded Recovery Community Organization must use the Recovery Capital Scale available at <https://www.myflfamilies.com/document/4476> in the recovery planning process. The ME may require the Network Provider to report aggregate scores derived from the collection of Recovery

Capital Scale tool. This information may be used to determine baseline data for the development of future performance measures. Peers who are employed at subcontracted Network Providers who employ peers with direct recovery-support services are required to: Use the Recovery Capital training as a foundation to inform the recovery planning process available at: <https://www.myflfamilies.com/document/4566>

4. Attain Client Consent: Initiate peer support services after voluntary consent when there is reason to believe such services will help the individuals served recovery, build resilience, or assist the individual to live successfully in their community with greater purpose.
5. Educate Peer Staff Regarding Community Resources: Peer Specialist can greatly assist individuals if the specialist is familiar with appropriate community resources that can advance the individual's recovery. Peers should be well integrated into the community to assist individuals served with the development of natural supports, community activities and employment.
6. Peer Specialist Education, Trainings, Seminars, and Committees: Peer Specialists must be allowed time for attending trainings and seminars that advance the practice of peer support and further their professional development. They should also be allowed and encouraged to join committee meetings where their lived experience can be valued.
7. Peer Supervisor Trainings: Peer Supervisor's shall receive standardized peer supervision training for peer supervisors.
8. Document Peer Services Provided: Peer services must be documented in each client's clinical file, for example, development of wellness plans, WRAP Plans, the goals of the individual served, progress notes, linkages, etc. These plans should be updated regularly in consultation with the client to review progress and evidenced by proper documentation in the client file.
9. Maintain and Update Internal Policies and Procedures for Peer Services: These should include best practices and standards for delivering peer support services and supervision. Each Network Provider must solicit the input and opinions of Peer Specialists they have on staff when drafting or updating Internal Policies and Procedures. The Network Provider also must institute a process for Peer Specialists to provide perspective and input on all Policies and Procedures at any time; this process may include an online form for the Peer Specialist to complete.
10. Weekly Supervision: Weekly supervision meetings are required so case issues are addressed quickly, and also to make sure that the peer specialists are receiving supportive oversight for their own well-being.
11. Recovery Oriented: The peer must provide Recovery-Oriented care recognizing that each person must be the agent of and the central participant in their own recovery journey. All services and

supports need to be organized to support the developmental stages of this process. Services should instill hope, be person- and family-centered, offer choice, elicit, and honor each person's potential for growth, build on a person's and family's strengths and interests, and attend to the overall quality of life, including health and wellness. These values can be the foundation for all services regardless of the service type.

12. Recovery Capital Planning: A recovery capital plan is a document that helps individuals identify and build on their recovery capital. It includes a person's recovery goals, as well as the steps they will take to achieve those goals. Peer Specialists provide support, guidance, and mentorship to individuals in recovery. Peer Specialists also help individuals identify and access the resources they need to support their recovery.

13. Reporting Requirements: No later than the 10th of each month, the Network Provider must submit to the Managing Entity, the following monthly reports:

A. Monthly Peer Support Employment Report -This report must be signed by the Peer Supervisor, which must include the following information:

- a. Number of Peers funded by the ME with Network Provider,
- b. Number of vacancies for Peer Specialists jobs,
- c. Position Title(s) and Program Name for current vacancies
- d. Duration of current Peer Specialist vacancies,
- e. Name of the Peer Specialist
- f. Certification Status
- g. Role/Title
- h. Status (full-time vs. part-time)
- i. Program Name
- j. Number of persons served by each Peer Specialist,
- k. Maximum recommended caseload for the Peer, and
- l. Hours of Peer Supervision

B. Monthly Peer Support Services Report – This report should be completed by the Peer Specialist and signed by the Peer Supervisor.

- a. Peer-to-Peer Contact
- b. Groups
- c. Treatment Team Staffing's
- d. Outside Agency Staffing's
- e. Trainings
- f. Outreach
- g. Trainings taken

- C. The Network Provider shall submit any ad-hoc reports requested by the ME.
 - D. The reports must be submitted by the dates and to the individuals specified in **Exhibit C, Required Reports.**
14. ROSC Champion: By 04/12/2024, the Network Provider must submit the name and contact information of at least two Integrated ROSC Champions who will attend trainings and meetings. The information must be submitted to the individuals and by the dates listed in Exhibit C, Required Reports. One of the identified Champions should be a Peer Specialist who is providing peer services, if at all possible. In the event of change in staff occur, the Network Provider must notify the ME's Contract Manager, in writing within ten (10) calendar days.
- a. Responsibilities of champion:
 - i. Attendance at scheduled ROSC meetings including ROSC Steering Committee Workgroup meetings and peer or peer supervisor meetings conducted by the ME to continue the development and implementation of a recovery-oriented system of care.
 - ii. Participation in all ROSC related activities to ensure staff and agency become knowledgeable of a Recovery-Oriented System of Care.
 - iii. Participation in all Peer related activities to ensure staff and agency become knowledgeable of the role/supervision of peer supports.

Network Provider Compliance: Failure to meet the applicable standards established in Sections I and II shall be considered non-performance pursuant to **Standard Contract, Paragraph 8. Financial Consequences for Network Provider's Failure to Perform.**

I. MANAGING ENTITY RESPONSIBILITIES

- 1. The ME must monitor the Network Provider's performance on all tasks identified in this Exhibit and issue corrective actions if deemed necessary.
- 2. The ME shall provide training and technical assistance when requested by the Network Provider.

APPENDIX D- Exhibit AO

Thriving Mind Monthly Peer Services Trackers:

Due the 10th of each month (unless that falls on a weekend, then its due the following Monday.)

The primary activities of peer specialists are to provide support and advocacy, role model recovery, facilitate positive change and acknowledge multiple pathways to wellness. Peer support is voluntary, mutual and reciprocal, equally shared power, strengths-focused, and person driven.

	Sheet/Column	Definition or Instruction
TRACKERS	SHEET	INSTRUCTIONS
Monthly Thriving Mind Exhibit AO Tracker	1	To be completed by the Peer Supervisor monthly. Must be submitted to the ME Peer Services Manager by email on the 10th of each month (unless that falls on a weekend, then its due the following Monday.)
Monthly Peer Services Tracker	2	To be completed by each individual peer. Can be printed and scanned or done electronically. A copy should be submitted and signed by Peer Supervisor and copies need to be sent directly to the ME Peer Services Manager. One for each peer needs to be submitted.
ENGAGEMENT TRACKER	Sheet 1	
NAME OF PEER PROGRAM FUNDED BY SFBHN	B8	Please name all the programs, funded by SFBHN, that utilizes peers
NUMBER OF PEERS FUNDED BY SFBHN (PER PROGRAM)	C8	Please put how many peers, for each specific program, that are funded by SFBHN
NUMBER OF UNSUCCESSFUL CONTACTS (CONSUMER DECLINED CONSENT)	D8	Please put the number of individuals served that either declined consent and refused to accept services
TOTAL CONTACTS BY PEERS	E8	Total monthly number of peer-to-peer meetings (ex: scheduled meetings with individuals, attended staffing's/court with individual.)
EMPLOYMENT REPORT	Sheet 1	
NAME OF PEER SPECIALST	B20	Full Name of peer
CERTIFICATION STATUS	C20	Certified or pre-certification

ROLE/TITLE	D20	Job title (ex: peer specialist, family navigator, family coach)
PROGRAM NAME	E20	Name of program that the peers are working for
STATUS (PART/ FULL TIME)	F20	Full time or Part time
AVERAGE NUMBER OF PERSONS SERVED PER PEER	G20	The current caseload of the peer
AVERAGE DESIRED CASE LOAD	H20	What is the case load recommended for the peers (per program)
HOURS OF PEER SUPERVISION	I20	Total number of hours, each month, that the peer received supervision
MONTHLY PEER SERVICES TRACKER	Sheet 2	
Peer to Peer Contact	B11	Any scheduled or unscheduled meeting between the peer and the individual served.
Group	B12	Any group facilitated or cofacilitated by the peer
Treatment Team Staffing	B13	Any multidisciplinary or treatment team meetings that the peers attended
Outside Agency Staffing	B14	Any outside agency multidisciplinary staffings attended by the peer
Trainings given	B15	Any training, webinar or class given by the peers to further education of others. (Ex: The role of Peer support, educational events, webinars that focus on pathways to recovery, stigma, recovery language, harm reduction, and recovery ally training.)
Outreach (engagement)	B16	Educational activities, informational presentations & participation in community groups and forums, local health fairs, drug treatment courts, jail diversion programs, school related events, community substance use treatment providers.
Other (please specify below)	B17	Please use the spaces below to add any additional services that are not listed (ex: court attendance)
FREQUENCY	C10	Total number of times service was given monthly. (ex: number of times one on one meeting was held, number of groups lead, number of staffing's attended etc.)
SETTING	D10	Location of services (ex: Zoom, in person)
NUMBER OF INDIVIDUALS SERVED	E10	Number of individuals served who received services (ex: if it was a group, how many individuals attended monthly)
COMMENTS	F10	Please use this space to include any notes or comments

Trainings attended by Peer	H10-J25	Any training, webinar or class completed by the peers to further education to better deliver peer services. (Ex: Educational events, webinars, that focus on pathways to recovery, stigma, recovery language, harm reduction, and recovery ally training.)
Name of Training	H11	Full name of training attended
Topic	I11	Please list the main topics or theme discussed during the training
Date	J11	The date the training occurred
Agency who provided training	K11	The agency who held/offered the training

MONTHLY THRIVING MIND EXHIBIT AO TRACKER (PEER SPECIALIST* REPORT)

SOUTHERN REGION FISCAL YEAR:23/24

Month:

PROVIDER:

ENGAGEMENT TRACKER

NAME OF PEER PROGRAM FUNDED BY SFBHN	NUMBER OF PEERS FUNDED BY SFBHN (PER PROGRAM)	NUMBER OF UNSUCCESSFUL CONTACTS (individual served - non duplicated - DECLINED CONSENT)	TOTAL CONTACTS BY PEERS

EMPLOYMENT REPORT

	NAME OF PEER SPECIALST	CERTIFICATION STATUS	ROLE/TITLE	PROGRAM NAME	STATUS (PART/ FULL TIME)	AVERAGE NUMBER OF PERSONS SERVED PER PEER	AVERAGE DESIRED CASE LOAD	HOURS OF PEER SUPERVISION
1								
2								
3								
4								
5								
6								

PEER VACANCIES

NUMBER OF SFBHN FUNDED PEER POSITIONS	CURRENT VACANT POSITIONS (JOB TITLE AND PROGRAM)	NUMBER OF PEER VACANCIES	DATES AND LENGTH OF OPEN VACANCIES

COMMENTS: (PLEASE USE THIS SPACE FOR ANY COMMENTS OR CLARIFICATIONS YOU NEED TO MAKE:

Monthly Peer Service Tracker

Name of Peer:			
Month:			
Peer Supervisor Name:			
Agency:			
Program:			

	Monthly Services Provided	Frequency	Setting	Number of individuals served	Comments
1					
2					
3					
4					
5					
6					

Trainings Attended By Peer			
Name of training	Topic	Date	Agency who provided training

*filled out by peer, signed by supervisor



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Invitation to Negotiate #016
Recovery Community Organizations
For Miami-Dade and Monroe Counties

Appendix E
Funding Sources Chart

Funding Source (Name of the agency that is providing funding for the services)	Services (brief description of services being funded)	Amount Funded (total funds for the services being rendered)	Fiscal Year (year(s) the funding is being provided)
Ex: Miami Dade County Homeless Trust	Permanent Supportive Housing	\$200,000	FY2023-2024



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Appendix F
Cost Reimbursement Budget and Budget Narrative

Applicant: _____

Recovery Community Organization (RCO) for Miami-Dade and Monroe Counties

		CONTRACTED	
LINE ITEMS		AMOUNTS	TOTAL
I. PERSONNEL SERVICES			
	(a) SALARIES		
	(b) FRINGE		
	TOTAL PERSONNEL =	\$ -	
		=====	=====
II. EXPENSES			
	(a) BUILDING OCCUPANCY		
	(b) PROFESSIONAL SERVICES		
	(c) TRAVEL		
	(d) EQUIPMENT COSTS		
	(e) FOOD SERVICES		
	(f) MEDICAL AND PHARMACY		
	(g) SUBCONTRACTED SERVICES		
	(h) INSURANCE		
	(i) INTEREST		
	(j) OPERATING SUPPLIES & EXPENSES		



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(k) OTHER/Training		\$ -	
(l) DONATED ITEMS		\$ -	
TOTAL EXPENSES =		\$ -	\$ -
		=====	=====
III. NONEXPENDABLE PROPERTY			
(a) EQUIPMENT			
(b) PROPERTY		\$ -	
TOTAL NONEXPENDABLE PROPERTY =			\$ -
		=====	=====
IV. COMPUTER HARDWARE, SOFTWARE, & SERVICES			
TOTAL COMPUTER EXPENSES =			
		=====	=====
V. ADMINISTRATION			
		=====	=====
GRAND TOTAL =			
		=====	=====



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Applicant: _____
Recovery Community Organization (RCO) for Miami-

Dade and Monroe County

Budget Details:

1. Personnel:
2. Fringe Benefits:
3. Building Occupancy:
4. Professional Services:
5. Travel:
6. Equipment Cost:
7. Food Services:
8. Medical and Pharmacy:
9. Subcontracted Services:
10. Insurance:
11. Interest:
12. Operating Supplies and Expenses:
13. Other:
14. Donated items:
15. Non Expendable Property:



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16. Computer Hardware, Software and Services:

17. Administration:

Remainder of page left blank intentionally



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Budget Narrative

Instructions for Completing the Budget Narrative

Attach, in narrative form, an explanation and justification of all line-items listed using the following guidelines:

1. Personnel:

- a. List each position that will work on the contract with position title and description.
- b. List salary paid, for each position, from this contract.
- c. Enter the total amount of personnel costs.

2. Fringe Benefits:

- d. List fringe benefits separately (i.e., FICA, Worker's Compensation, Unemployment Compensation, Health Insurance, etc.)
- e. List total amount paid by applicant for each type of fringe benefit.

3. Building Occupancy:

Explain what the space will be used for and why it is necessary for the contract. Copies of lease agreements or proof of purchase may be required. If the building is not owned by the applicant, enter the lease or ownership cost (depreciation plus general liability insurance) or rent. If depreciation is not booked, the applicant may enter the prorated cost of space based on its use allowance (not to exceed two percent of the cost of acquisition) or develop and submit an inventory of assets showing cost, date of purchase, general condition, etc. Depreciation methodology of assets not consistent with IRS guidelines must be explained in the narrative.

4. Professional Services:

Explain in full the purpose and necessity of consultants or other professional staff.

5. Travel:

Explain who will be traveling, where they will be traveling and for what purpose, this includes travel to conferences. Expenditures properly chargeable to travel include registration payments, reimbursements of mileage for use of a privately-owned vehicle, per diem and subsistence allowance, common carrier transportation and other expenses incidental to travel which are



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authorized by law. Section 112.061, F.S. and Rule 69I-42 F.A.C. govern travel expenses.

Reimbursement rates of mileage for use of a privately-owned vehicle cannot exceed allowable rates paid by Thriving Mind South Florida (44.5 cents per mile).

6. Equipment Cost:

Explain the need for equipment. Copies of leases or rental agreements or proof of purchase will be required. Include equipment maintenance agreements and cost. Refer to the Reference Guide for State Expenditure for allowability.

The Reference Guide for State Expenditure can be located by clicking on the following link:
<https://www.flrules.org/gateway/readRefFile.asp?refId=11851&filename=1%20Ref%20Guide%20for%20State%20Expenditures.pdf>

7. Food Services:

Indicate what types of services are being provided by whom (contract, agency, etc.), and to whom.

8. Medical and Pharmacy: Describe how these services are provided and how cost is determined.

9. Subcontracted Services:

Justify services provided under subcontracts and explain why they cannot be performed by existing agency staff. Explain if you will be subcontracting based on unit cost or line- item budget. All requests to subcontract must be approved by Thriving Mind prior to their effective date.

10. Insurance:

List types of insurance needed and explain need for each. Proof of insurance will be required. Employee health insurance must not be listed here (list in Fringe Benefits).

11. Interest:

List all interest costs, their expected duration and justify each.

12. Operating Supplies and Expenses:

List basic categories of normal office expenses (i.e. telephone, postage, utilities, etc.) It is not necessary to justify those which are self-explanatory. Justify any exceptional amounts.

13. Other:



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Include any expected costs not listed above. Provide full justification for each.

14. Donated items:

Include items here that you expect to receive as donations, (i.e. space, supplies, equipment, etc.) Explain how donated items will be used to meet contract objectives and/or reduce costs.

15. Non-Expendable Property:

List all items to be purchased under this contract. Explain the need for each item and describe how it will be used. Purchases exceeding \$500 must be inventoried. An inventory listing of items purchased by this project will be required. Applicant should verify with Thriving Mind South Florida if specific OCO items to be purchased for this project are allowable.

16. Computer Hardware, Software and Services:

When acquiring computer hardware, software and services, regardless of cost, the applicant agrees to obtain prior written authorization and to follow the Department of Children and Families and the State Technology Office's Information Technology Resource purchasing procedures.

17. Administration:

Indicate briefly what costs by type you have included in administration.

All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, July 2014, or the latest revision thereof, which may be located at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04201>

Remainder of page left blank intentionally



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Appendix G – Statement of Mandatory Assurances

<p>Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.</p>	<p>_____</p> <p>Initial</p>
<p>Site Visits: The Applicant will cooperate fully with the SFBHN in coordinating site visits, if desired by SFBHN.</p>	<p>_____</p> <p>Initial</p>
<p>Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.</p>	<p>_____</p> <p>Initial</p>
<p>Lobbying and Integrity: The Applicant (Contractor) shall ensure compliance with Section 11.062, FS and Section 216.347, FS. The Applicant (Contractor) shall not, in connection with this or any other agreement with SFBHN, directly or indirectly (1) offer, confer, or agree to confer any pecuniary benefit on anyone as consideration for any SFBHN employee’s decision, opinion, recommendation, vote, other exercise of discretion, or violation of a known legal duty, or (2) offer, give, or agree to give to anyone any gratuity for the benefit of, or at the direction or request of, any SFBHN employee. For purposes of clause (2), “gratuity” means any payment of more than nominal monetary value in the form of cash, travel, entertainment, gifts, meals, lodging, loans, subscriptions, advances, deposits of money, services, employment, or contracts of any kind. Upon request of an authorized SFBHN employee, the Applicant (Contractor) shall provide any type of information SFBHN deems relevant to the Applicant’s (Contractor’s) integrity or responsibility. Such information may include, but shall not be limited to, the Applicant’s (Contractor’s) business or financial records, documents, or files of any type or form that refer to or relate to the Contract. The Applicant (Contractor) shall retain such records for the longer of (1) three years after the expiration of the Contract or (2) the period required by the General Records</p>	<p>_____</p> <p>Initial</p>

<p>Schedules maintained by the Florida Department of State (available at: http://dlis.dos.state.fl.us/barm/genschedules/gensched.htm). The Applicant (Contractor) agrees to reimburse SFBHN for the reasonable costs of investigation incurred by SFBHN for investigations of the Applicant's (Contractor's) compliance with the terms of this or any other agreement between the Applicant (Contractor) and SFBHN which results in the suspension or debarment of the Applicant (Contractor). Such costs shall include but shall not be limited to: salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Applicant (Contractor) shall not be responsible for any costs of investigations that do not result in the Applicant's (Contractor's) suspension or debarment.</p> <p>The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).</p>	
<p><u>Drug-Free Workplace Requirements:</u> The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.</p>	<p>_____</p> <p>Initial</p>
<p><u>Smoke-Free Workplace Requirements:</u> Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.</p>	<p>_____</p> <p>Initial</p>
<p><u>Non-Collusion Declaration:</u> The applicant declares:</p> <p>That all statements of fact in such bid/proposal are true;</p> <p>That such bid/proposal was not made in the interest of or on behalf of any undisclosed</p>	

<p>person, partnership, company, association, organization or corporation;</p> <p>That such bid/proposal is genuine and not collusive or sham;</p> <p>That the applicant has not, directly or indirectly by agreement, communication or conference with anyone attempted to induce action prejudicial to the interest of South Florida Behavioral Health Network, or of any other applicant or anyone else interested in the proposed contract; and further</p> <p>That prior to the public opening and reading of bids/proposals, the applicant:</p> <p>a. Did not directly or indirectly, induce or solicit anyone else to submit a false or sham bid/proposal;</p> <p>b. Did not directly or indirectly, collude, conspire, connive or agree with anyone else that said bidder or anyone else would submit a false or sham bid/proposal, or that anyone should refrain from bidding or withdraw his or her bid/proposal;</p> <p>c. Did not, in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to raise or fix the bid/proposal price of said bidder or of anyone else, or to raise or fix any overhead, profit, or cost element of the bid/proposal price, or of that of anyone else;</p> <p>d. Did not, directly or indirectly, submit his or her bid/proposal price or any breakdown thereof, or the contents thereof, or divulge information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent, or to any individual or group of individuals thereof to effectuate a collusive or sham bid, except South Florida Behavioral Health Network, and has not paid, and will not pay, any person or entity for such purpose or to any person or persons who have a partnership or other financial interest with the applicant in his or her business</p> <p>Any person executing this declaration on behalf of an applicant that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the applicant.</p> <p>I certify under penalty of perjury of the laws of the State of Florida California that the above information is correct.</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Initial</p>
<p>Compliance and Performance: The Applicant understands that the renewal of resulting contracts is contingent upon compliance with the requirements of this procured program and demonstration of performance towards completing the</p>	<p style="text-align: center;">_____</p>

activities and meeting the contract objectives.	Initial
Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	_____ Initial
Warranty of Ability to Perform. The Applicant warrants that, to the best of its knowledge, there is no pending or threatened action, proceeding, or investigation, or any other legal or financial condition, that would in any way prohibit, restrain, or diminish the Applicant's ability to satisfy its Contract obligations. The Applicant warrants that neither it nor any affiliate is currently on the convicted vendor list maintained pursuant to section 287.133 of the Florida Statutes, or on any similar list maintained by any other state or the federal government. The Applicant shall immediately notify the SFBHN in writing if its ability to perform is compromised in any manner during the term of the Contract.	_____ Initial
Assignment. The Applicant (Contractor) shall not sell, assign or transfer any of its rights, duties or obligations under the resulting Contract(s), or under any purchase order issued pursuant to the Contract, without the prior written consent of the SFBHN. In the event of any assignment, the Applicant remains secondarily liable for performance of the contract, unless the SFBHN expressly waives such secondary liability.	_____ Initial
Submission of Data: The Applicant agrees to provide data and other information requested by SFBHN.	_____ Initial
Submission of Reports: The Applicant agrees to submit progress reports and any fiscal reports to SFBHN.	_____ Initial
Annual Appropriation: The SFBHN's performance and obligation to pay under the resulting contract is contingent upon an annual appropriation by the Florida Department of Children and Families.	_____ Initial

By signing and submitting this agreement, the Applicant certifies that it will comply with all the above requirements.

Applicant Signature

Title

Date



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**Appendix H
Fatal Flaw and Technical Review Checklist
Recovery Community Organization (RCO) for Miami-Dade and Monroe Counties**

Thriving Mind South Florida Use Only

Failure to comply with all mandatory requirements may render an application non-responsive and ineligible for further evaluation.

Section A.

Applicant's Name: _____

Thriving Mind Reviewers Name: _____

Thriving Mind Reviewers Signature: _____ Date: _____

Witness's Name: _____

Witness's Signature: _____ Date: _____

Section B.

Item #	Requirement	
1.	Was the application received by the date and time specified in the solicitation and at the specified address?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail Comments:
2.	Was one (1) original electronic application submitted?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
3.	Was a completed Cover Page included in the application and was it signed by an authorized representative. (found in Section V.)	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
4.	Applicant submitted in accordance with Section III. H, Formatting Instructions for the	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail

	Responses.	
5.	Did the applicant provide a copy of the 501(c)(3) letter from the IRS showing the agency's tax exempt status?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
6.	Did the applicant provide proof of registration as a charitable organization with the Florida Department of Agriculture and Consumer Services?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
7.	Did the applicant provide a copy of last filed Annual Report and Copy of current Certificate of Status from the Florida Department of State Division of Corporations?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
8.	Was the Mandatory Non-Binding Letter of Intent to Apply along with Thriving Mind e-mail confirmation submitted?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
9.	Did the applicant provide their agency's Articles of Incorporation?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
10.	Did the applicant provide their agency's Bylaws?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
11.	Proof of a current business address in Miami-Dade and/or Monroe Counties. This can be in the form of a lease agreement or other documentation that indicates your agency has a legal address in the counties identified.	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
12.	Was the Table of Content included?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
13.	Did the applicant adhere to the page limitation requirements?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
14.	Did the applicant submit an agency	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail

	Organizational Chart (Table of Organization) with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding?	
15.	Did the applicant complete Appendix E, Funding Sources Chart or statement that they currently do not have funding sources?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
16.	Did the applicant submit two (2) complete Appendix F, Cost Reimbursement Budget and Budget Narrative in its full completion, one for three (3) months (March 1, 2024-June 30, 2024) and one for one (1) year (July 1, 2024-June 30, 2025)?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
17.	Did the applicant provide an audit report or letter signed by an authorized representative affirming that at this time the applicant does not have a financial audit because it is a new or emerging RCO with under a year of operation?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
18.	Were the Resumes and Job Descriptions included?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
19.	Was Appendix N, Staffing Chart Included?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
20.	Did the applicant submit Appendix G, Statement of Mandatory Assurances?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
21.	Did the applicant submit Appendix L, Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contracts/Subcontracts?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
22.	Did the applicant provide a list of agency's Board of Directors. Include Names, Agency/Category of Sector Presented, Mailing Address, Telephone Number, E-Mail Address, Term Expiration Date (or Year)?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
23.	Did the applicant provide a copy of the board of director's resolution, signed by the Chairperson of the Board, granting authority	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail

	to complete and sign the application and negotiate and sign a contract, should it be awarded?	
24.	For agencies that withhold income taxes, social security tax, or Medicare tax was an attestation indicating that the 941 has been filed timely and any taxes due have been paid timely to the IRS was submitted, submitted on the agency's letterhead and signed by the CEO/Executive Director? If the Applicant is a new or emerging RCO and currently does not employ staff (or subcontracts), was a letter signed by the authorized representative submitted indicating that the agency currently does not meet the requirements to submit the 941?	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
25.	For agencies that do not withhold income taxes, social security tax, or Medicare tax did the applicant submit a copy of the most recent 1096? If the Applicant is a new or emerging RCO and currently does not employ staff (or subcontracts), a letter signed by the authorized representative must be submitted a letter indicating why the most recent 1096 is not provided.	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail

Section C.

Has Thriving Mind verified that the Applicant is not on the Convicted Vendor List or the Discriminatory Vendor List?

1. System for Award Management (<https://www.sam.gov/portal/SAM/#1#1>)

(YES) = Pass (NO) = Fail

Comments:

Section D.

1. Were any documents required as part of the Technical Review missing from the application? YES NO

Procurement Manager Initials: _____

If so, please list the documents that were missing

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

2. Was the applicant provided an opportunity to cure? YES NO
N/A

3. ***Providing an applicant agency to cure is at Thriving Mind's sole discretion.***

If so, attach the letter/e-mail request issued by the Procurement Manager.

Procurement Manager Initials: _____

4. Did the applicant provide all requested documentation by the deadline identified in the request issued by the Procurement Manager?

YES NO N/A

Procurement Manager Initials: _____

5. Did the application move to Phase II, Substantive Review?

YES NO N/A

Procurement Manager Initials: _____

Remainder of page left blank intentionally



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7205 Corporate Center Drive, Suite 200
Miami, Florida 33126
(305) 858-3335
ThrivingMind.org

Appendix I

Recovery Community Organization (RCO) for Miami-Dade and Monroe Counties

Evaluation Manual

For Thriving Mind Use Only

Applicant's Name: _____

Evaluator's Name (Print): _____

Evaluator's Signature: _____ Date: _____

Reviewers will be provided with a copy of the assigned applications and the scoring sheets. Reviewers are expected to exercise independent judgement when evaluating each application. Evaluators will document the applicant's responses to the questions in the bid; identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the project, and whether the project presents the best value to the community.

The table below provides a guide for reviewers in assigning overall scores and individual criterion scores.

Each review criterion should be assessed based on the strength of that criterion in the context of the work being proposed.

The entire scale (1-9) should always be considered. The scale below must be used for all criteria except when scoring Letters of Support. The Letters of Support section carries its own distinct scoring, as described in this section.

Overall Impact or Criterion Strength	Scoring Scale	Descriptor
Low	1	Poor
	2	Marginal
	3	Fair
Medium	4	Satisfactory
	5	Good
	6	Very Good
High	7	Excellent
	8	Outstanding
	9	Exceptional

If deemed necessary by the evaluators, the evaluators will have the option to request additional clarifications from applicants to better understand key elements of the proposed project and/or (2) request a formal presentation by the applicant, (3) submit questions that the Thriving Mind staff can ask the applicant to better understand key elements of the proposed project.

Letters of Support: Applicants may submit letters of support from appropriate community entities including collaborating agencies, government representatives, police

departments, the school board, businesses that can attest to the work completed in the community, and other relevant stakeholders. Submitting letters of support will add twenty (20) points towards the applicant's overall score. Successful applicants must also establish a Memorandum of Understanding (MOU) with their community partners once they receive their fully executed contract with Thriving Mind.

The Procurement Manager will provide the results of the scores to the Thriving Mind President/CEO for review. The Thriving Mind President/CEO will consider other factors such as but not limited to, past and current performance of the applicant, financial stability of the applicant organization, current or closed corrective action plans, report cards, and other factors before presenting the final recommendation for contract negotiations to the Executive Committee of the Board. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

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Section 1. – Narrative – Population of Focus and Statement of Need (Maximum 126 points)		
Evaluation Criteria	Assigned Score (Score 1-9)	Comments/Notes
1. Population of Focus and Statement of Need		
a. Did the applicant describe the organizations mission and vision? Was the mission and vision consistent with the three (3) core principles of RCOs?		
b. Did the agency provide a description of services currently provided to the community and do they align with services expected by RCOs?		
c. Did the applicant describe the organization's philosophy on pathways of recovery and is it consistent with RCO philosophies?		
d. Did the applicant identify the geographic catchment area where the project will be implemented?		
e. Did the applicant document the need for peer-based recovery support services for individuals with substance use and/or co-occurring disorders for the proposed catchment area?		
f. Did the applicant describe the agency's reasons and motivations to become a RCO provider for Miami Dade and/or Monroe Counties?		

g. Did the applicant describe the organization's experience providing peer-based recovery support services to persons with substance use disorders, co-occurring disorders and/or with persons in recovery?		
h. Is Recovery Oriented System of Care (ROSC) incorporated in a way that promotes good quality of life, community health, and wellness for all? Did the applicant demonstrate knowledge of ROSC principles?		
i. Does the applicant have a good understanding of recovery capital?		
j. Did the applicant provide examples of recovery capital planning activities they offer? Do the examples align with what is describe in recovery capital activities?		
k. Did the applicant provide a detailed description of the proposed program? Did they address their organization's proposed recruitment, enrollment, and retention strategies and describe how their agency will overcome challenges and barriers?		
l. Did the applicant describe how the organization operates under a "no wrong door" model?		

<p>m. Did the applicant describe how the organization will perform activities related to public advocacy and education in the community as it relates to this project?</p>		
<p>n. Did the applicant describe how the organization adheres to the three (3) core principles?</p> <ul style="list-style-type: none"> • recovery vision, • authenticity of voice and • accountability to the recovery community 		

Things to Consider:

1. Does the applicant’s mission, vision, and philosophy align with key objectives and aspirations of a recovery community organization?
2. Did the applicant explain how the geographic catchment area proposed is best suited for reaching the indicated population and substantiates the community need? Were data and sources of the data noted? Does the applicant clearly address the identified community’s issues and how to prioritize them or how the process of prioritization occurs?
3. Did the applicant clearly describe the need for peer-based recovery support service in the geographic catchment area/community and factors for the need for the services?
4. Does the applicant have experience providing peer-based recovery support services to persons with substance use disorders or persons in recovery?
5. To what extent does the applicant have a history of success providing similar services?
6. Does the applicant understand Recovery-Oriented System of Care?
7. Does the applicant understand the “no wrong door” model?
8. What challenges, if any, might this applicant have in implementing and managing a potential contract ?
9. To what extent is there alignment between the needs of the target population and the program design and goals?
10. To what extent is the recruitment and enrollment plan likely to result in the enrollment of enough numbers and types of participants?

11. To what extent does the applicant have a strong plan to maintain participant retention in the program?
 12. To what extent are the proposed activities as they relate to public advocacy and education in the community, likely to increase community awareness? Is the applicant identifying appropriate stakeholders and proven effective efforts?

Section 1. Total Score: _____

Reviewers Initials: _____

Section 2 – Narrative – Capacity/Readiness (Maximum 54 Points)		
Evaluation Criteria	Assigned Score (Score 1-9)	Comments/Notes
2. Capacity/Readiness		
a. Did the applicant describe their agency’s organizational readiness for implementation of an RCO? Did the applicant demonstrate the ability and infrastructure that will support the implementation?		
b. Did the applicant describe what are some implementation barriers the agency anticipates, and how the agency will overcome those barriers? Are the anticipated barriers easily resolvable and how quickly may they be resolved or not?		
c. Does the applicant have an established Continuous Quality Improvement (CQI) system that monitors adherence to performance outcome and implements remedies to correct deficiencies when necessary to ensure measures are met? Did the applicant demonstrate that it has the		

<p>ability to meet and monitor the performance measures listed in Appendix A, Guidance Document 35 and Appendix B, and Appendix C or has a plan in place if these are currently not in effect at the organization?</p>		
<p>d. Did the applicant describe their agency’s warm handoff process and provide examples? Did the applicant describe relationships with other entities to provide these warm handoffs?</p>		
<p>e. Did the agency describe any trainings or staff development practices currently utilized at their agency?</p>		
<p>f. Does the applicant have experience with recovery capital planning for individuals with substance use and/or co-occurring disorders?</p>		

Things to Consider:

1. Do they utilize evidence- based programs and/or evidence-based strategies? Did the applicant clearly describe the Evidence Based Practice (EBP) or EBPs to be used consistent with the needs of the target population and/or community to be served?
2. To what extent are the proposed outcomes appropriate and achievable with the proposed target population within the program timeframe?
3. What current tools, partnerships, funding, etc. does the agency have at their disposal in order to begin the process of implementation?
4. Does the applicant have an understanding of CQI systems and how to meet the standards expected of them in the appendices referenced?
5. Does the applicant understand the concept of a “warm handoff” and how they plan to utilize this process in their agency?
6. What type of experience does the applicant have with using recovery capital planning for the target population?
7. Are the trainings and staff development practices aligned with what is expected for RCOs?

<p>Section 2. Total Score: _____</p> <p>Reviewers Initials: _____</p>

Section 3 -Narrative - Proposed Program and Implementation Approach (Maximum 45 points)		
Evaluation Criteria	Assigned Score (Score 1-9)	Comments/Notes
1. Proposed Program and Implementation Approach		
a. Did the applicant describe the goals and measurable objectives of the proposed project and align them with the Statement of Need?		
b. Did the applicant provide a chart or graph depicting a realistic timeline for the 16 months (03/01/2024 – 6/30/25) of the project period showing dates, key activities, and responsible staff?		
c. Did the applicant describe if they intend to leverage any resources within their		

agency? Did they state what those resources are and how they will support the implementation of the Recovery Community Organization?		
d. Did the applicant describe effective outreach efforts that would potentially engage and eventually enroll individuals served from the target population?		
e. Did the applicant describe a realistic and effective way of implementing RCO services prescribed by the ITN if they were currently not providing services in this manner?		

Things to Consider:

1. Are the program goals and objectives appropriate?
2. Do the proposed program approach and activities fit with the project objectives?
3. Do they seem adequate to achieve the objectives prescribed?
4. Does the applicant's resources coincide with the needs of an RCO?
5. Do the potential outreach activities meet the needs of the target population, seem engaging, and financially and operationally feasible?
6. Does the applicant provide descriptions that make them seem capable and ready to effectively implement the necessary services?

Section 3. Total Score: _____

Reviewers Initials: _____

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Section 4 – Narrative - Organizational Experience, and Partnerships (Maximum 126 points)		
Evaluation Criteria	Assigned Score (Score 1-9)	Comments/Notes
2. Organizational Experience, and Partnerships		
a. Did the applicant describe how they will implement their start-up (first 6 months of contract execution) of the RCO services in terms of: Did they review areas of recruiting qualified staff per the requirements in this ITN, required trainings, background screening, office location, technology, roles and supervisory responsibilities, referrals, and outreach efforts for the first 6 months of the RCO program?		
b. Did the applicant describe the staffing pattern and organizational structure required to properly implement this proposed program?		
c. Does the Organizational chart clearly define the hierarchy of authority,		

<p>establishing clear lines of reporting, and communication lines? Does the organizational chart ensure that each position's role and responsibilities are clearly defined and well-understood? Are there any familial relationships that pose potential conflicts of interest? Did the applicant identify the specific familial relationship between the individuals involved? Where a familial relationship has been identified, did the applicant clearly define the roles and responsibilities of each individual involved in the familial relationship? Are clear conflict of interest policies in place and do they address how potential conflicts are identified and addressed?</p>		
<p>d. Did the applicant describe the minimum staffing pattern referenced in the ITN? Did the applicant provide a resume if the individual has been identified for a position or is a current employee and accurately note the job title, consistent with the Staffing Table and the Budget. Did the applicant include updated resumes for current employees? Did the job descriptions include the minimum educational and experience qualifications and a brief narrative description of their roles and responsibilities and knowledge and</p>		

skills necessary to carry out their roles and responsibilities? Did the staff chart correspond with the submissions of resumes and job descriptions? For the identified individuals, do they have the experience to do the work expected?		
e. Did the applicant describe how their agency will monitor the peer services provided to individuals served through the RCO?		
f. Did the applicant describe their agency's orientation process for onboarding new staff? Did the applicant include references to their agency's policies, trainings, or standards towards ethical practices, nepotism, sexual harassment, drug-free workplace, HIPAA, and disability. Did the applicant have an employee manual in place, and provided a copy in their submission?		
g. Did the applicant describe the support services offered to the Certified Peer Specialist?		
h. Did the applicant demonstrate how Peer Specialists working towards		

certification will receive appropriate support services and supervision?		
i. Did the applicant complete Appendix N, Staffing Chart? Is the staffing pattern in the Staffing Chart adequate to begin the implementation of the proposed program described by the applicant in the prescribed timeframe? Is the program staffed enough for the RCO to meet all of its contract requirements? Does the chart demonstrate that the staff and volunteers have the right qualifications and experience to meet the needs of the program's target population? Are the roles and responsibilities assigned to paid staff and volunteers appropriate and aligned with their respective qualifications and capabilities?		
j. Did the applicant describe thoroughly how recovery capital planning fits into their overall approach to recovery support?		
k. Did the applicant describe if their agency utilizes volunteers and how they will be used to meet the requirements of the scope of work?		
l. How will the requirements of the contract affect the productivity of the applicant's agency if they utilize volunteers?		

m. Did the applicant provide an effective training program in Recovery Capital for their staff?		
n. Did the applicant complete Appendix M, Partner Table, identifying other organization(s) that they will partner with in the proposed project? Did the applicant describe their partner's experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project? Did the applicant describe how the collaboration between the parties will ensure that the goals and expectations of this ITN are met? Did the applicant include Letters of Support from each partner listed in the table as a supporting documentation to the Project Narrative?		

Things to Consider:

Organizational Chart: How well-defined are the lines of authority and does the structure ensure that decisions are made efficiently and are the responsibilities clearly assigned? A well-structured org chart should balance the need to for specialization with the need for coordination across departments. Excessive spans of control can overwhelm managers/staff and hinder decision-making. Does the org chart provide clarity of roles and responsibilities? This helps avoid confusion, duplication of effort, and potential conflicts between departments. Be mindful of potential conflicts of interest arising from familial relationships within the organizational structure. While close relationships can foster loyalty and understanding, they can also lead to favoritism and biased decision-making. Assess the organization's internal controls and safeguards to prevent conflict of interest. This may include recusal, dual review of transactions, and independent oversight of decision-making processes. Consider how the existence of familial relationships may impact funding decisions. While familial relationships alone may not be a disqualifying

factor, it is essential to assess the potential for conflicts of interest and ensure that funding decisions are made objectively and fairly.

Staffing Chart: Are the roles and responsibilities of both paid and volunteer staff are clearly identified? Assess how the workload is distributed between paid and volunteer staff. Analyze the impact of volunteer engagement on the organizations capacity to achieve its goals and meet its objectives. Assess how the volunteer contributions complement and enhance the work of paid staff.

1. Does the start-up process for the applicant seem realistic and reasonable based on the requirements stipulated?
2. Was the applicant's proposed staffing pattern in alignment with the minimum staffing pattern requirements?
3. Does the way the agency will monitor peer services provided align with the requirements prescribed in the ITN?
4. Does the applicant's orientation and on-boarding process seem thorough and well thought out as well as beneficial to the staff and or volunteers involved?
5. Does the applicant have an effective plan in place to supervise Peer Specialists seeking certification?
6. Is the applicant aware of how recovery capital planning benefits individuals served? Do they have staff currently that understand how to implement this process with the target population?
7. Are the training programs offered to staff referenced in policies provided or in an employee manual?

Section 4. Total Score: _____

Reviewers Initials: _____

Section 5. Narrative – Technology (Maximum 27 points)

Evaluation Criteria	Assigned Score (Score 1-9)	Comments/Notes
5.Technology		
a. Did the applicant describe what current technology their agency has available which would be useful for an RCO, i.e. tablets, cell phones, laptops?		
b. Did the applicant share any current technological barriers their agency is experiencing and how this funding may change these barriers?		
c. Did the applicant describe how their agency stores Protected Health Information (PHI), including but not limited to electronic form ePHI, and describe the standards that are in place to safeguard PHI and/or ePHI.		

Things to Consider:

1. Does the applicant’s current technological tools meet the needs of what will be required of the agency as an RCO?
2. Are the technological barriers described by the agency easily rectified through additional funding?
3. Does the provider have a firm understanding of PHI and how to ensure its security?

Section 5. Total Score: _____

Reviewers Initials: _____

Section 6 – Narrative – Letters of Support (Maximum 25 points)

Evaluation Criteria	Assigned Score (25 Points)	Comments/Notes
6. Letters of Support		
a. Did the applicant provide Letters of Support from appropriate community entities including collaborating agencies, government representatives, police departments, the school board, businesses that can attest to the work completed in the community, and other relevant stakeholders? Do the letters of support correspond to the Partner Table? Does the applicant currently have any MOU's with their partners?		

Each letter of support is worth 5 points.		
<p><u>Things to Consider:</u></p> <ol style="list-style-type: none"> 1. Are the partners affiliated with the applicant currently serving the target population? 2. Do the letters of support describe the relationship the agency has with the applicant? 3. Do the letters of support indicate a longstanding relationship with the applicant? 4. Are the letters of support provided by any family members? 5. What kind of services are described in the MOU, if applicable? 		
<p>Section 6. Total Score: _____</p> <p>Reviewers Initials: _____</p>		

Reviewer's Overall Comments and Final Score

Applicant Name: _____

Max Total Score: 403

Comments:

Total Assigned Score: _____

Reviewer's Name (Print)

Reviewer's Signature

Date: _____



THRIVING MIND
SOUTH FLORIDA®

A network of exceptional mental health and
substance use treatment providers.

7205 Corporate Center Drive, Suite 200
Miami, Florida 33126
(305) 858-3335
ThrivingMind.org

Appendix J

Invitation to Negotiate # 016

Mobile Response Team for Miami-Dade and Monroe Counties

Assessment of Financial Stability

For Thriving Mind Use Only

Applicant Organization Name: _____

Thriving Mind Reviewer Name and Signature: _____

Date: _____

Determination of Financial Stability – Thriving Mind staff will review the applicant’s information and determine the information below based on the information and the financial documents submitted by the applicant.

Audit report Date as of	
Current Assets	
Cash on hand	
Other Assets	
Non-current assets	
Total Assets	
Current Liabilities	
Long Term Liabilities	
Net Assets	
Total Liabilities & Net Assets	
Total Annual Expenses	
Change in Net Assets	
Current Ratio:(Current Assets/Current Liabilities) >1.5 is good	
Days cash on hand:>60 days ideal, > 30 days is good	
Working Capital: (Positive is good)	
Cash Ratio (cash/current liabilities) >1 is good	
Net Assets as a Percentage of Expenses > 10% is good	

Loss In term of Net assets	
Type of opinion	
Any instances of material weakness	
In financial reporting?	
Any instances of fraud?	
Any instances of significant deficiency in financial reporting?	
Any instance of non-compliance or other matters as required by GAS?	
Note:	Overall standing=

APPENDIX K - DEFINITIONS

1. **Activities.** Efforts conducted to achieve identified objectives. A number of activities may be needed to achieve each objective.
2. **Applicant (Synonymous with Agency).** One who has interest in being considered for funding, and in accordance with that interest appropriately responds to the solicitation within the timeframes specified within the solicitation.
3. **Budget.** The financial plan or future projection for how funds will be spent. The budget is usually for a 12 month consecutive period and includes the itemizations and justifications of each budget category and line item.
4. **Budget Justification.** An explanation as to why a certain budget line item is needed and how the cost for that line item was derived.
5. **Business Day.** Any day from 8:30 a.m. to 5:00 p.m. EST (Eastern Standard Time) in Miami-Dade County, Florida other than Saturday, Sunday, or a holiday recognized by SFBHN.
6. **Care Coordination.** Means the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals/clients who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.
7. **Causal Factors/Risk Factors.** Research-based constructs that have been identified as being strongly related to, and influencing the occurrence and magnitude of, substance use and related risk behaviors and their subsequent consequences. These variables are the proximal focus of prevention strategies, changes which are then expected to affect consumption and consequences.
8. **Consequences.** The social, economic and health problems associated with the use of alcohol and illicit drugs. Any social, economic or health problem can be defined as a substance use problem if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring.
9. **Continuous Quality Improvement.** is an ongoing, systematic process of internal and external improvements in service provision and administrative functions, taking

into account both in process and end of process indicators, in order to meet the valid requirements of Individuals served.

10. Cultural appropriateness. In the context of public health, sensitivity to the differences among ethnic, racial, and/or linguistic groups and awareness of how people's cultural background, beliefs, traditions, socioeconomic status, history, and other factors affect their needs and how they respond to prevention. Generally used to describe interventions or practices.

11. Cultural competence. In the context of public health, the knowledge and sensitivity necessary to tailor interventions and services to reflect the norms and culture of the target population and avoid styles of behavior and communication that are inappropriate, marginalizing, or offensive to that population. Generally used to describe people or institutions. Because of the changing nature of people and cultures, cultural competence is seen as a continual and evolving process of adaptation and refinement.

12. Eligible Applicants. Eligible applicants are entities that meet the established criteria of this solicitation, as defined within this document, where a certain criterion has been set for a particular type of entity to be considered for funding. This determinate process is completed by assessment of applicants, which may be qualified on characteristics such as, but not limited to, providing services in Miami-Dade County, qualification to conduct business in the State of Florida and financial obligations with SFBHN.

13. Emerging Recovery Community Organization. An unaccredited Recovery Community Organization that is pursuing accreditation by the Council on Accreditation of Peer Recovery Support Services (CAPRSS) or the Association of Recovery Community Organizations (ARCO).

14. Engaged (Individual Served). An Individual who meets service criteria for peer services but has yet to formally accepted services from the RCO via a signed consent form.

15. Enrolled (Individual Served). Individual served who has agreed via a signed consent form to receive services from the RCO.

16. Existing Recovery Community Organization. A Recovery Community Organization that is accredited by the Council on Accreditation of Peer Recovery Support Services (CAPRSS) or the Association of Recovery Community Organizations (ARCO).

- 17. Financial and Services Accountability Management System (FASAMS).** FASAMS is the Department's information management and fiscal accounting system for providers of community substance use and mental health services.
- 18. Implementation.** The use of a prevention or service interventions in a specific community-based or other setting with a particular target audience.
- 19. Individual Served.** Synonymous with Client, Consumer, Participant, Patient is an individual who receives substance use or mental health services, the cost of which is paid, either in part or whole, by these funds appropriated for this project.
- 20. In-Kind.** A non-cash donation such as labor, facilities, or equipment to carry out a project. Typically, skilled and professional labor, as well as volunteer labor, can be valued at the prevailing rate for the field.
- 21. Intervention.** A strategy or approach intended to prevent an undesirable outcome (preventive intervention), promote a desirable outcome (promotion intervention) or alter the course of an existing condition (treatment intervention).
- 22. Knight Information Software (KIS).** The ME's online data system which Network Providers that do not have their own data system are required to use to collect and report data and performance outcomes on individual served whose services are paid for, in part or in whole, by the ME's contract, Medicaid, local match, Temporary Assistance for Needy Families (TANF), Purchase of Therapeutic Services (PTS) and Title 21. The KIS, or other system designated by the ME, must be utilized to upload individual served-related data as required by this contract.
- 23. Matching Funds (Leverage Funds).** Matching funds may be cash or in-kind contributions that are clearly documented as such and include non-federal cash dollars and/or donated items/services that are part of the overall cost of operating the proposed program. Matching funds do not include SFBHN or other State of Florida Department of Children and Families funds.
- 24. Memorandum of Understanding.** A document that expresses a common intention or agreement between two or more parties.
- 25. Minor irregularities.** A variation from the Invitation to Negotiate (ITN) terms and conditions, which does not affect the price of the application, does not give the applicant an advantage or benefit not enjoyed by other applicants, and does not adversely impact the interest of SFBHN. This will be determined at SFBHN's sole discretion and does not meet criteria for appeal, protest, or dispute.

26. Outcome evaluation. An evaluation to determine the extent to which an intervention affects its participants and the surrounding environments. Several important design issues must be considered, including how to best determine the results and how to best contrast what happens as a result of the intervention with what happens without the program.

27. Outcome. A change in behavior, physiology, attitudes, or knowledge that can be quantified using standardized scales or assessment tools. In the context of NREPP, outcomes refer to measurable changes in the health of an individual or group of people that are attributable to the intervention.

28. Partner. A business, non-profit agency, government entity, etc. that collaborates with the RCO in providing services to the community.

29. Procurement Manager. Stephanie Feldman is the SFBHN Procurement Manager and is the designated single point of contact for this solicitation and procurement purposes.

30. Provider. (Synonymous with Network Provider, Contracted Agency, Awarded Agency, Network Service Provider, Vendor). Successful applicants awarded contracts by Thriving Mind.

31. Recovery Support Services. As defined in Rule 65E-14, Florida Administrative Code are services designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. Services include substance abuse or mental health education, assistance with coordination of services as needed, skills training, and coaching. This Covered Service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service. For Adult Mental Health and Children's Mental Health Programs, these services are provided by a Certified Family, Veteran, or Recovery Peer Specialist. For Adult and Children's Substance Abuse programs, these services may be provided by a certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualified Professional as defined in Rule 65D-30.002, F.A.C. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.

32. SAMHSA. The Substance Abuse and Mental Health Services Administration is a branch of the U.S. Department of Health and Human Services and the funder for this project. It is charged with improving the quality and availability of treatment and rehabilitative services in order to reduce illness, death, disability, and the cost to society resulting from substance abuse and mental illnesses.

33. Scope of Work/Service(s). A narrative describing what services/activities are to

be provided, to whom and how the services are to be provided, measurable outcomes, products to be delivered, etc. It is also an attachment of the SFBHN core contract.

34. Substance Use/Consumption. The consumption of alcohol or other drugs (e.g., acute or heavy consumption, consumption in risky situations and consumption by high risk groups) that is causally related to particular substance- related consequences.

35. Substantive Review (Phase II). A review of the submitted proposal application which is conducted by members of the proposal application evaluation team. The substantive review ranks the proposal against previously identified rating criteria.

36. System of Care. Incorporates a broad array of services and supports that are organized and coordinated, integrates care and planning and management across multiple levels, is culturally and linguistically responsive and competent, and builds meaningful partnerships with individuals and their families at the service delivery and policy levels.

37. Technical review (Phase I). A review of the submitted proposal application by staff of SFBHN to ensure that: (1) the proposal was received before the deadline, (2) the applicant is a non-profit and actively registered and qualified to do business in the State of Florida, (3) the proposal is responsive to the specifications and terms of the solicitation application of this review as stated in this solicitation; and (4) any other criteria as defined by this solicitation under the application review process by SFBHN staff.

Remainder of page left blank intentionally

APPENDIX L - CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CONTRACTS/SUBCONTRACT

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360 - 20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract equals or exceeds \$25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. South Florida Behavioral Health Network (SFBHN) cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “debarred”, “suspended”, “ineligible”, “person”, “principal”, and “voluntarily excluded”, as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the SFBHN's contract manager for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed \$25,000 in federal moneys, to submit a signed copy of this certification.
7. SFBHN may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the contract manager’s contract file. Subcontractor’s certification must be kept at the provider’s business location.

CERTIFICATION

1. The prospective provider certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
2. Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

By signing and submitting this agreement, the Applicant certifies that it will comply with all the above requirements.

_____	_____
Signature:	Date
_____	_____
Name (Print)	Title

Appendix O- Department of Children and Families Recovery Community Organization (RCO) Monthly Report

Q#	Question	Response
2	Today's Date, (MM/DD/YYYY)	
3	Which Managing Entity is your RCO subcontracted with:	
4	Name of the RCO you are reporting for	
5	Month being reported	
7	Is this an Accredited RCO? (Y/N):	
8	If "Yes", identify the RCO's Accreditation(s)	
9	Is this RCO actively working with an Accreditation organization to obtain an Accredited status? (Y/N):	
11	Is this RCO interested in receiving more information on how to obtain Accreditation status? (Y/N/NA):	
12	Is this RCO using the Recovery Capital Scale and associated Recovery Planning process? (Y/N):	
13	Report how many Recovery Capital Scale tools and associated Recovery Plans were completed as of last month, e.g., 12	
14	How many paid staff members does this RCO have?	
15	Does this RCO have Volunteers? (Y/N):	
17	Did the RCO conduct any Trainings or Activities during the previous month? (e.g., collaborations with community partners and or community outreach events) (Y/N):	
18	Please tell us: The date(s) the training(s) or activities were conducted, the name of the training(s) or activity event, the location, and a brief description of the training or activity:	
27	If a Training was conducted, please indicate the number training participants who attended in the following profession categories. Please indicate "0" in the field if none from that profession attended.	Physician:
		Physician Assistant:
		Nurse (RN/ARNP):
		Social Worker:
		Addiction Counselor:
		Peer Specialist:
		Prevention:
		Other:
41	Would like to report any additional Activities or Trainings completed during the previous month? (Y/N):	
42	Please tell us: The date(s) the trainings or activities were conducted, the name of the training(s) or activity event, the location, and a brief description of the training or activity:	
43	If a Training was conducted, please indicate the number training participants who attended in the following profession categories. Please indicate "0" in the field if none from that profession attended:	Physician:
		Physician Assistant:
		Nurse (RN/ARNP):
		Social Worker:
		Addiction Counselor:
		Peer Specialist:
		Prevention:
		Other:
44	Would your organization like to report any additional Activities or Trainings completed during the previous month? (Y/N):	
45	Please tell us: The date(s) the trainings or activities were conducted, the name of the training(s) or activity event, the location, and a brief description of the training or activity:	
46	If a Training was conducted, please indicate the number training participants who attended in the following profession categories. Please indicate "0" in the field if none from that profession attended:	Physician:
		Physician Assistant:
		Nurse (RN/ARNP):
		Social Worker:
		Addiction Counselor:
		Peer Specialist:
		Prevention:
		Other:

33	Briefly describe your anticipated activities for the next 30 days. (e.g., collaborations with community partners and or community events.):	
34	Please describe any challenges or barriers you may be experiencing. (e.g., implementation, delivery of services, community collaboration, etc.):	
35	Please share any additional comments, activities, or successes you would like us to know about:	