**REVISED EXHIBIT BF**
**RECOVERY COMMUNITY ORGANIZATION SCOPE OF WORK**

**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. 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.

C.6. CORE Network Recovery Support Services Adherence

The Network Provider agrees to adhere to the specific requirements for recovery support services outlined in the Department of Children and Families Guidance Document 41, Coordinated Opioid Recovery (CORE) Network of Addiction Care, which can be accessed at:

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*Note: Click on FY25-26 ME Templates and click on Guidance 41 - Coordinated Opioid Recovery (CORE) Network of Addiction Care.*

The Network Provider will ensure that all CORE funded recovery support services provided under this contract comply with the standards, guidelines and protocols set forth in the CORE Guidance. Any changes or updates to the CORE Guidance shall be binding on the Network Provider.

**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, for the first year of this Contact is quarterly is 90.

A minimum of individuals engaged per full-time peer, for the first year of this Contract is 300.

**E. Minimum Service Delivery and Outreach Requirements.**

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.

**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.

Outreach services are defined in Rule 65E-14 of the Florida Administrative Code. Outreach must be documented and filed in accordance with Rule 65E-14 of the Florida Administrative Code.

**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. 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.

**I. 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

**J. Meetings.**

1. The Network Provider will meet with the ME when called upon.
2. The Network Provider will attend service provider meetings when scheduled.

**K.** 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 Template 34 - RCO Report:** No later than the 10th of the month, the DCF RCO Report will be submitted to the Peer Services Manager. The DCF RCO Report Template 34, SOR Reports, is found by clicking on the link below:

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   *Note: Click on FY25-26 ME Templates and click on Reporting Template 34, SOR Reports*