



NOTICE OF FUNDING OPPORTUNITY (NOFO) INFORMATION GUIDANCE

Financially Assisted Agencies (FAA)
Behavioral Health Service Category
FY 2022 - FY 2023
(October 1, 2021 - September 30, 2023)

Released: March 29, 2021
Due date: April 26, 2021 at 12:00 PM EST

Palm Beach County Board of County Commissioners (BCC)
Community Services Department (CSD)
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READ CAREFULLY AND COMPLY WITH ALL REQUIREMENTS

IN ACCORDANCE WITH THE PROVISIONS OF THE ADA, THIS NOFO AND DOCUMENTS LISTED CAN BE REQUESTED IN AN ALTERNATE FORMAT. AUXILIARY AIDS OR SERVICES WILL BE PROVIDED UPON REQUEST WITH AT LEAST THREE (3) DAYS NOTICE. PLEASE CONTACT CSD AT (561) 355-4679 OR AT JREID2NOFO@PBCGOV.ORG.

SECTION I: GENERAL INFORMATION

INTRODUCTION

Palm Beach County Board of County Commissioners (BCC), Community Services Department (CSD) invites eligible entities to submit proposals for the Financially Assisted Agencies (FAA) Behavioral Health Service Category for Fiscal Years (FY) 2022 - 2023 (October 1, 2021 – September 30, 2023). Proposed Behavioral Health programs will participate in a person-centered and Recovery-Oriented System of Care (ROSC) to provide substance use disorder and/or mental health treatment services that are integrated with other social and recovery support services.

BACKGROUND

BCC established the FAA program within the Palm Beach County Administrative Code, Section 305.07 - *Payments to Financially Assisted Agencies*, in the early 1980s, to augment the County's own service mix to address human service needs by providing financial assistance to community-based organizations. The U.S. Department of Health and Human Services (HHS) Element of the *Comprehensive Plan of Palm Beach County* delineates goals and objectives that address the availability of health and human services necessary to protect the health, safety and welfare of County residents. In conjunction with the HHS Element, BCC adopted Resolution R2013-1563, which created the Citizens Advisory Committee on Health & Human Services (CAC/HHS) to provide input on FAA processes. Additional guidance is also provided in *A Report of Health & Human Services in Palm Beach County – Based on Key Community Indicators 2017*, located at:

<http://discover.pbcgov.org/communityservices/Pages/Publications.aspx>.

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

The BCC and community stakeholders recognize the importance of behavioral health and substance use disorder (BHSUD) services for Palm Beach County residents. BHSUD services contribute to a healthy community and enhance the overall quality of life for individuals, enabling them to reach their full potential. According to the HHS Substance Abuse and Mental Health Services Administration (SAMHSA), studies indicate that, with access to essential services, including comprehensive prevention programs, supports, and care coordination, "... most people with mental health problems get better, and many recover completely."¹ Thus, with effective tools and prevention, early intervention, and client-focused, recovery-centric services provided in a consistent manner, and in alignment with social supports, the incidences of Deep-End Treatment can be significantly reduced, and individuals with mental and substance use disorder can then strive toward the achievement of a healthier lifestyle.

With this Notice of Funding Opportunity (NOFO), it is CSD's plan to transition the focus of its Financially Assisted Agencies (FAA) funding allocations for behavioral health and substance use disorders to Support

¹ <https://www.mentalhealth.gov/talk/people-mental-health-problems>

Services, as recommended by the consulting firm, Ronik-Radlauer Group, Inc. (RRG). CSD will also prioritize funding allocations to Community-Based Treatment and Services, enabling CSD to continue its system of care leadership while also advancing neutral care coordination, recovery capital, and recovery support services. At the same time, CSD will continue its efforts with effective prevention, intervention, and community-based and residential treatment services for youth and young adults. This move is consistent with CSD's strategy of enlisting the expertise of nonprofit organizations that have the skills and resources to provide Deep-End Treatment.

As such, CSD is emphasizing funding allocations to agency applicants in the Support Services who:

- Can demonstrate that their BHSUD services are person-centered, recovery-oriented and integrated; and
- Employ evidence-based practices that are scalable and data-driven.

PROGRAM OVERVIEW

In November 2019, the BCC identified the opioid epidemic, behavioral health, and substance use disorder as high strategic priorities, and adopted as one of its goals a system of care paradigm shift from a treatment-centric to a person-centered, recovery-oriented system of care. This shift aims to achieve quality of care and long-term recovery outcome improvements.

CSD and key strategic partners have championed these aims by planning, developing, and implementing a comprehensive person-centered, ROSC. These aims have also been advanced through Palm Beach County's Opioid Epidemic Response Plan (ORP); through the Opioid Response Plan Steering Committee (ORPSC); through an updated behavioral health needs assessment completed by RRG; and, is consistent with the County's Behavioral Health Elements. The ORP and the needs assessment is located on the CSD website at <https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx>. Through this NOFO, CSD recognizes the continuing need for youth and young adults substance use, mental health, and co-occurring services, many of which, if left untreated, can be precursors for opioid and long term drug use.

Person-Centered System of Care (SOC)

The primary goals of the person-centered system of care (SOC) for children and youth, young adults, adults, and families are to:

- Ensure uniform assessment of substance use and/or mental health severity throughout the client population in order to decrease fragmentation of treatment services among providers offering various levels of care.
- Maintain and utilize a comprehensive continuum of substance use disorder and/or mental health treatment services integrated with other social and recovery support services.
- Provide the structure, process, and outcome measures necessary to meet care coordination goals and to streamline continuity, communication, and tracking of clients across providers and service settings.

Additionally, the person-centered SOC is expected to identify and address the behavioral health and substance use disorder needs of the client population, including community needs that, if left unaddressed, could lead to substance use, substance use disorders, and behavioral health disorders. For example, these community needs include a lack of basic life skills, inability to manage stress, lack of basic education regarding substances, dysfunctional families, and living in an environment that condones substance use. In contrast, a coordinated continuum of services that comprise a client-centered SOC can help to improve client care with linkage efforts across all health domains and inform public payers of appropriate level of care purchases, resulting in anticipated cost-savings that will be reinvested to needed social, recovery support, and prevention services.

Palm Beach County's Opioid Epidemic Response Plan (ORP)

The ORP, adopted by the BCC in April 2017, highlighted the need for an integrated response to address the County's opioid epidemic and recommended creating a coordinated response through a designated entity. This proposed ROSC is consistent with achieving the process metrics related to the BCC's goal as it seeks to: implement neutral care coordination; establish recovery community organizations and recovery community centers; broaden the reach of peer support services across the continuum; launch the Recovery Capital Index™ (RCI™); and train providers to use the RCI. The ROSC also seeks to support the Palm Beach County Healthcare District's (HCD) efforts for an Addiction Stabilization Facility (ASF) to serve as the central point of intake and triage for all overdose cases, similar to the role that a trauma center serves; and, integrate primary care and behavioral health services.

RRG Behavioral Health Needs Assessment

Further, the RRG needs assessment, completed in 2019, identified several challenges and opportunities for improvement for the SOC for youth and adults in the County. Of specific importance are the following challenges: insufficient case managers; need for more community-based services; long waiting lists for psychiatrists; high turnover of staff; and a need for more trained staff. The RRG noted the following opportunities to increase or include in the array of services: the number of peers with lived experiences; the number of mentoring and coaching opportunities; early intervention to reduce the occurrence of trauma; the number of groups/classes; funding for specific initiatives; collaboration across service providers; increased family involvement and in-home services; and wrap-around services.

The RRG's behavioral health assessment and Community Forum Reviews have also shown that there is a need for better collaboration, alignment, and partnerships between entities for both youth and adults experiencing substance abuse, mental health and co-occurring disorders. The behavioral health assessments also indicated the need to address the social determinants of health pertaining to transportation, housing, education, and employment, which are key predictors to achieving long-term positive outcomes.

Opioid Response Plan Steering Committee (ORPSC)

The ORPSC recommends a better execution of a person-centered model, again requiring a neutral care coordination entity that will help to support and build a ROSC community.

Ronik-Radlauer Group, Inc. (RRG)

CSD, in advancing the aforementioned work, partnered with the Southeast Florida Behavioral Health Network (SEFBHN) and Palm Health Foundation to commission the Ronik-Radlauer Group, Inc. (RRG) to conduct a study and produce a report that updates the Palm Beach County 2016 *Behavioral Health Needs Assessment Report*. RRG are the authors of the ORP and its strategic aims. To update the needs assessment, RRG examined organizational, systems, and community infrastructure to plan for the continued development and implementation of a comprehensive, coordinated, integrated behavioral health system of care. RRG also included in the updated needs assessment reviews of the 2016 *Behavioral Health Needs Assessment Report*, the ORP, stakeholder interviews, focus groups, community forums, and provider survey. The updated needs assessment identified the range of the community's unmet needs, and includes a comprehensive funding analysis to assist the community with utilizing the data to make informed decisions regarding future funding allocations.

Based on its quantitative, qualitative and financial analyses, RRG made specific recommendations in the thematic areas that emerged during the qualitative analysis. The recommendations include, but were not limited to, the following for children and youth, young adults, adults, and families:

- Develop a common language including the *use of system-wide taxonomies*, data sharing and common outcome measurements.
- Enhance “no wrong door policies and practices” and *development of a central assessment and care coordination system* for the community.
- Continued utilization of system-wide evidence-based practices, including the *development of a “true” ROSC*, and comprehensive implementation of care coordination and wraparound services.
- Provide *peer support in other systems* beyond behavioral health and child welfare.

RRG further recommended that CSD focus its funding allocations within Supports Services to include:

- Expanding care coordination to populations that are not considered “high utilizers,”
- Wraparound case management for youth and adults,
- Expansion and enhancement of peer support,
- Drop-in centers and the development of clubhouses (aka, recovery community centers), and
- Referral and linkage using a “no wrong door” approach, with warm hand-offs and follow-up post referral and linkage.

RRG also recommended that CSD prioritize its funding to support individuals and families experiencing co-occurring psychiatric, substance use, and other complex conditions, and that funders collaborate with community providers to address the core lifestyle issues that can result in substance use, family dysfunction, issues related to self-concept and self-esteem, poor problem solving strategies, and stresses that prevent individuals from living life on life’s terms.

Behavioral Health Service Category Overview

Behavioral Health Service Category includes services and interventions necessary to assist children and youth, young adults, adults, and families who are experiencing behavioral health, substance use disorder, co-occurring psychiatric and substance use disorders, trauma, and/or other social and emotional issues that impair overall functioning and affect quality of life. Services within the Behavioral Health Service Category will fall in one or more of the following Strategies and Subcategory: Strategies Support Services, Community-Based Treatment and Services, and Deep-End Treatment, and Subcategory Special Needs.

FUNDING AVAILABILITY

All proposals must be specific to the Behavioral Health Strategies and Subcategory described within the NOFO. Applicants are not limited in the number of proposals they may submit but must submit one application for each program. The funding available for this NOFO is determined by the BCC each year for each of the two (2) fiscal years covered by this NOFO.

The total funding estimated to be available for Fiscal Year (FY) 2022 is \$5,806,415 for the three (3) Strategies and the Subcategory under this Service Category. Funding will be distributed as follows:

- Behavioral Health: \$ 5,732,391
 - Strategy - Support Services
 - Strategy - Community-Based Treatment and Services
 - Strategy - Deep-End Treatment
- Subcategory - Special Needs: \$ 74,024

Note: Proposals without a specified Strategy or Subcategory under the Service Category will be considered non-responsive. Each Strategy and the Subcategory will be scored and ranked separately, using the accompanying Behavioral Health Service Category Strategies and the Subcategory ranking guide. See [ATTACHMENT 1](#).

ELIGIBILITY

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

Applicants must be nonprofit organizations. For-profit and government entities are not eligible to apply for grants or to be subrecipients of grant funds. All subrecipients must also meet the eligibility standards as described below.

Organizations will clearly identify how their service/program(s) address the Service Category and system of care as approved by the BCC.

Nonprofit Applicants must:

- Hold current and valid 501(c)(3) status as determined by the Internal Revenue Service.
- Be chartered or registered with the Florida Department of State, have been incorporated for at least one agency fiscal year, and have provided services for at least six (6) months.
- Demonstrate accountability through the submission of acceptable financial audits performed by an independent auditor.
- Create a Vendor Registration Account OR activate an existing Vendor Registration Account through Palm Beach County Purchasing Department's Vendor Self Service (VSS) system, which can be accessed at <https://pbcvssp.co.palm-beach.fl.us/webapp/vssp/AltSelfService>.
- Maintain contractual liability insurance substantially similar to the terms listed in [EXHIBIT 1: INSURANCE](#), if awarded FAA funding.

SECTION II: PROPOSAL SUBMISSION

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

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

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

Late applications will not be accepted or reviewed.

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

SERVICE CATEGORY

Behavioral Health Service Category Strategies (Support Services, Community-Based Treatment and Services, and Deep-End Treatment) and Subcategory (Special Needs).

For a complete description of Service Category Strategies and Subcategory eligible activities, please refer to the [RECOMMENDATIONS FOR SERVICES](#) section.

PUBLISH/RELEASE DATE

Monday, March 29, 2021 EST

DEADLINE DATE

Proposals, submitted through the online application website, must be completed and received by **12:00 PM (Noon) EST on Monday, April 26, 2021**. Proposals submitted after 12:00 p.m. to the website will not be accepted or reviewed.

TECHNICAL ASSISTANCE

CSD will hold a **Mandatory Bidders Conference** for Applicants from 3:00 pm to 4:30 pm on **Thursday, April 1, 2021** using WebEx (Online). Please check the FAA website for changes to the meeting location.

<https://pbc-gov.webex.com/pbc-gov/onstage/g.php?MTID=e2d38fea3796abb8da50f2a7aa7ce61a7>

Meeting number/Access Code: 160 466 3437
Password: dC7t5CwFJK4

Join by phone: 1-844-621-3956 United States Toll
+1-415-655-0001 United States Toll Free

Members of the public who plan to attend the meeting in person are asked to please notify CSD as soon as possible by email at JREID2NOFO@PBCGOV.ORG or by phone at (561) 355-4679.

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

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

Anyone interested in additional information may contact FAA by mail at 810 Datura Street, West Palm Beach, FL 33401, by email at JREID2NOFO@PBCGOV.ORG or by phone at (561) 355-4679.

Also, those wishing to make public comments may contact FAA by sending your comments via traditional mail to CSD at 810 Datura Street, West Palm Beach, FL 33401, or email at JREID2NOFO@PBCGOV.ORG.

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

In accordance with the Americans with Disabilities Act (“ADA”), persons with disabilities requiring accommodations in order to participate in this public meeting can contact JREID2NOFO@PBCGOV.ORG no later than three (3) business days prior to such meeting.

Persons who require special accommodations under the Americans with Disabilities Act or persons who require translation services for a meeting (free of charge), please call (561) 355-4679 or email JREID2NOFO@PBCGOV.ORG at least five business days in advance. Hearing impaired individuals are

requested to telephone the Florida Relay System at #711.

Technical assistance questions must be made in writing and emailed to JREID2NOFO@PBCGOV.ORG. All questions and answers will be made available for the public to review at:

<https://discover.pbcgov.org/communityservices/financiallyassisted/Pages/RFP.aspx>

The deadline for submitting questions to CSD is **12:00 PM (Noon) EST on Friday, April 23, 2021**, which is one (1) business day before the submission deadline.

CONTACT PERSON

This NOFO is issued, as with any addenda, for the BCC by CSD. The contact for all FAA Behavioral Health Service Category application inquiries is by email at JREID2NOFO@PBCGOV.ORG.

SCHEDULE OF EVENTS/TIMELINE

FY 2022 - 2023 FAA BEHAVIORAL HEALTH NOFO TIMELINE

DATE	ITEM	RESPONSIBLE
March 11, 2021	Citizens Advisory Committee on Health and Human Services (CAC/HHS) information update on NOFO process	CSD CAC/HHS
March 29, 2021	FAA Behavioral Health NOFO Release Day - Available for Public	CSD
April 1, 2021	Mandatory Bidders Conference 3:00 PM EST	CSD Applicants
April 15, 2021	Behavioral Health NOFO Reviewer Training	CSD Reviewers
April 23, 2021	Final day to submit written questions 12:00 PM (Noon) EST	Applicants
April 26, 2021	FAA BEHAVIORAL HEALTH NOFO PROPOSAL SUBMISSION DEADLINE - 12:00 PM (Noon) EST	Applicants
April 26, 2021	Cone of Silence Begins for FAA Behavioral Health NOFO	CSD, Applicants, Reviewers, BCC
May 25, 2021	Strategy - Support Services Review Panels meet to review and score proposals	CSD Reviewers
May 26, 2021	Strategy - Community-Based Treatment and Services Review Panels meet to review and score proposals	CSD Reviewers
May 27, 2021	Strategy - Deep-End Treatment Review Panels meet to review and score proposals	CSD Reviewers
May 28, 2021	Subcategory – Special Needs Review Panels meet to review and score proposals	CSD Reviewers
June 8, 2021 – June 11, 2021	Staff reconciles review panel scoring, ranking, and funding availability to develop recommended allocations	CSD

June 10, 2021	CAC/HHS Meeting Presentation of FAA Funding Recommendations	CSD CAC/HHS
June 10, 2021	Funding Recommendations Posted on FAA Website	CSD
June 21, 2021	Final date to file a Funding Grievance – 7 Business Days following Funding Recommendations Posted on FAA Website	Applicants
July 13, 2021	Presentation of FY 2022 -2023 FAA Funding Recommendations to BCC for Approval	CSD BCC
September 14, 2021	FAA Contracts Presented to the BCC for Approval	CSD BCC
September 14, 2021	Cone of Silence Ends for FAA Behavioral Health NOFO	CSD, Applicants, Reviewers, BCC

EXPENSE OF PROJECT APPLICATION

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

PROJECT APPLICATIONS OPEN TO THE PUBLIC

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

CONE OF SILENCE

This NOFO includes a Cone of Silence. The Cone of Silence will apply from the date the NOFO is due back to the department, which is **April 26, 2021**, until the final FAA contract agreements are approved by the BCC, approximately **September 14, 2021**.

All parties interested in submitting a proposal will be advised of the following:

Lobbying - Cone of Silence

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

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

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

"Cone of Silence" means a prohibition on any non-written communication regarding this NOFO between any Respondent or Respondent's representative and any County Commissioner or Commissioner's staff, any member of a local governing body or the member's staff, a mayor or chief executive officer that is not a member of a local governing body or the mayor or chief executive officer's

staff, or any employee authorized to act on behalf of the commission or local governing body to award a contract.

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

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

SECTION III: SCOPE OF SERVICES

TERMS OF SERVICE

FAA Behavioral Health Funding Term: 12 months, automatically renewable for up to one (1) additional 12-month period.
FAA Behavioral Health Start Date: October 1, 2021
FAA Behavioral Health End Date: September 30, 2023

All contracts are contingent upon annual appropriations by the BCC.

TERMS AND CONDITIONS

1. Proposal Guarantee

Proposer guarantees their commitment, compliance and adherence to all requirements of the NOFO by submission of their proposal.

2. Modified Proposals

Proposer may save any unfinished on-line proposal and continue to modify the proposal until the proposal is submitted. Once submitted, the proposal is final.

3. Late Proposals, Late Modified Proposals

Proposals and/or modifications to proposals submitted after the deadline are late and shall not be considered.

4. Palm Beach County Office of the Inspector General Audit Requirements

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code 2- 421 through 2-440, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the AGENCY, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud. Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code 2-421 through 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

5. Commencement of Work

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

6. Non- Discrimination

The County is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017-1770, as may be amended, the Applicants warrants and represents that throughout the term of the Agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity or expression, or genetic information. Failure to meet this requirement shall be considered default of the Agreement.

As a condition of entering into the agreement, the Applicants represents and warrants that it will comply with the County's Commercial Nondiscrimination Policy as described in Resolution 2017-1770, as amended. As part of such compliance, the Applicants shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of sub-contractors, vendors, suppliers, or commercial customers, nor shall the Applicants retaliate against any person for reporting instances of such discrimination. The Applicants shall provide equal opportunity for sub-contractors, vendors and suppliers to participate in all of its public sector and private sector sub-contracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the County's relevant marketplace in Palm Beach County. The Applicants understands and agrees that a material violation of this clause shall be considered a material breach of the agreement and may result in termination of the agreement, disqualification or debarment of the company from participating in County contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. Applicants shall include this language in its sub-contracts.

Additional terms and conditions will be included in the program agreement and are contained on the FAA website, as **FAA Standard Terms and Conditions**, located at:

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

RECOMMENDATIONS FOR SERVICES: BEHAVIORAL HEALTH SERVICE CATEGORIES

Qualified entities are invited to submit applications to provide Behavioral Health services to Palm Beach County residents. The Review Panel will rank all proposals based on how critical they deem the program is for the system of care. The SCORE awarded to a proposal is reflective of how competitive the proposal is. The RANKING of the proposals is reflective of how imperative and critical the services are to ensure availability and access. Ranking will be based on priorities developed using data gathered by CSD.

Services within the Behavioral Health Service Category will focus on the Strategies (Support Services, Community-Based Treatment and Services, and Deep-End Treatment), and Subcategory (Special Needs). All proposals must also incorporate the following overarching principles:

- Person-centered
- Recovery-oriented
- Integrated
- Scalable
- Evidence-based
- Data-driven

Descriptions of Strategies and Subcategory Services within Behavioral Health Service Category

- **Support Services** - includes crisis support, case management, care coordination, mobile crisis, recovery support (i.e. peer services, drop-in recovery community centers, recovery community organizations), supportive housing, supportive employment
- **Community-Based Treatment and Services** - includes outpatient individual therapy, outpatient group and/or family therapy, medical, Medication-Assisted Treatment (MAT), in-home or on-site day treatment
- **Deep-End Treatment** - includes crisis stabilization, detox, in-patient, residential treatment including, residential levels 1, 2, and 4, and room and board levels 2 and 3
- **Special Needs** - includes behavioral respite care

Funding for the FAA FY 2022-2023 Behavioral Health Strategies and Subcategory is as follows:

Behavioral Health Strategies: \$ 5,732,391
 Support Services

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

Community-Based Services

Services
Outpatient Services (Therapy, Medical Services, Mental Health, Substance Use)
In-home or Onsite Day Treatment

Deep-End Treatment

Services
Crisis Stabilization
Medical Detox
Inpatient / Residential Services

Special Needs: \$74,024

Services
Behavioral Respite Care

Population Definitions

Populations to be served include Children/Youth, Young Adults, Adults, Families, and Special Needs. See [SECTION VII – DEFINITIONS](#) for descriptions of the populations.

Note: Clients must reside in Palm Beach County, and have mental health and/or substance use disorder, which include, but are not limited to, impairment in functioning, at-risk, and/or behavioral or emotional disorders. Current or past traumatic stress may also be a factor wherein it impacts the Client’s overall wellness for Clients who do not have a diagnosis.

Outcomes and Data Collection

Program Outcomes are required in the logic models. By submitting a proposal, the Applicant Agency agrees to address and measure the following outcomes, and provide at least one appropriate indicator per outcome in proposals.

Tools

Applicant Agencies serving Clients with Substance Use and co-occurring disorders must agree to utilize and adhere to protocols for on-going use of the Recovery Capital Index™ (RCI™) tool. The RCI™ provides a comprehensive picture of a person’s overall well-being using an online, automated survey. The RCI™ is person-centered and scientifically validated to reliably measure addiction wellness regardless of the substance used, the treatment modality, or the individual’s pathway to recovery. For more information about the RCI, visit <https://www.recoverycapital.io/> to review the RCI™ Tool, which will be used for the Young Adult and Adult population, experiencing substance use and/or co-occurring disorder. In addition, RCI™ will be used once the Client is stabilized.

Applicant Agencies serving Clients are required to administer Client Satisfaction Surveys at discharge. Survey results are to be reported on a quarterly basis.

Required Outcomes for Each Strategy and Subcategory

Programs and services in the Behavioral Health Service Category shall address the following outcomes and performance measures:

Support Services

Crisis Support - Mobile Crisis

Outcome	Clients remain in the community.
Indicator	60-70% of Clients who have received mobile crisis intervention have not received services for the same crisis within 30 days from the previous crisis intervention.
Indicator	60-70% of Clients receiving mobile crisis intervention had their crisis resolved in the community.

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

Case Management / Care Coordination

Outcome	Clients are successfully linked to supportive services.
Indicator	90-100% of Clients will receive a warm transfer to supportive services based on their Individualized Service Plan (ISP).

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

Recovery Support

Outcome	Clients will improve overall well-being.
Indicator	80% of Client(s) will improve at least one point in at least 3 domains on the RCI™ from program admission to post discharge. (Admission, 30 days, 60 days, 90 days).*

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

Supportive Housing

Outcome	Clients will obtain secure housing.
Indicator	50-60% of Clients will live in a stable housing environment at program discharge, 30 days, 60 days, and 90 days

Outcome	Clients will improve overall well-being.
Indicator	80% Client(s) will improve at least one point in at least 3 domains on the RCI™ from program admission to post discharge. (Admission, 30 days, 60 days, 90 days).*

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

Supportive Employment

Outcome	Clients will secure employment.
Indicator	70-80% of Clients will be competitively employed for at least 92 days per year.

Outcome	Clients will improve overall well-being.
Indicator	80% Client(s) will improve at least one point in at least 3 domains on the RCI™ from program admission to post discharge. (Admission, 30 days, 60 days, 90 days).*

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

Community-Based Services

Outpatient Services (Therapy, Medical Services, Mental Health, Substance Use)

Outcome	Clients improve overall social emotional functioning as evidenced by Children Functional Assessment Rating Scales (CFARS)/Functional Assessment Rating Scale (FARS).
Indicator	70-80% of Children/Adults will improve their level of functioning as measured by an increased score on the CFARS/FARS from their baseline score at admission.

Outcome	Clients will improve overall well-being.
Indicator	80% Client(s) will improve at least one point in at least 3 domains on the RCI™ from program admission to post discharge. (Admission, 30 days, 60 days, 90 days).*

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

In home- or On-site Day Treatment

Outcome	Clients improve overall Mental Health.
Indicator	70-80% of Children/Adults will improve their level of functioning as measured by an increased score on the CFARS/FARS from a baseline score at admission to a post-treatment score by discharge.

Outcome	Clients will improve overall well-being.
Indicator	80% Client(s) will improve at least one point in at least 3 domains on the RCI™ from program admission to post discharge. (Admission, 30 days, 60 days, 90 days).*

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

Deep-End Treatment

Crisis Stabilization

Outcome	Clients will reintegrate into the community.
Indicator	100% of Clients receiving services will have an individualized recovery support plan at discharge.

Outcome	Clients will receive a baseline score on the RCI™ Survey.
Indicator	100% Client(s) will receive the RCI™ and obtain a baseline score at program admission.*

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

Medical Detox

Outcome	Clients will be successfully linked to services before discharge.
Indicator	80-90% Clients will successfully transition to a substance use treatment program.

Outcome	Clients will receive a baseline score on the RCI™.
Indicator	100% Client(s) will receive an RCI™ Survey and obtain a baseline score at program admission.*

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

In-patient/Residential Services for Young Adult and Adult

Outcome	Clients successfully transition to recovery support services.
Indicator	60-70% of Clients will successfully transition to a Recovery Community Center and/or Recovery Community Organization.

Outcome	Clients successfully linked to housing, employment, and/or recovery support services.
Indicator	60-70% of Clients will successfully transition to housing, employment, and/or recovery support services.

Outcome	Clients will improve overall well-being.
Indicator	80% Client(s) will improve at least one point in at least 3 domains on the RCI™ from program admission to post discharge. (Admission, 30 days, 60 days, 90 days).

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

In-patient/Residential Services for Adolescents

Outcome	Clients continue educational, technical, and/or vocational services.
Indicator	60-70% of Clients will successfully transition to educational, technical, and/or vocational services post discharge.

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

Special Needs

Behavioral Respite Care

Outcome	Clients/Caregivers reduce overall stress.
Indicator	80-90% of Clients/Caregivers caring for their child or other family member with special needs who are served for at least three (3) months, will experience a decrease of stress on a stress assessment tool.

Outcome	Additional Outcome chosen by Agency
Indicator	Additional Indicator chosen by Agency

*Note: The RCIT[™] tool in each category will only be used for the Young Adult and Adult population experiencing substance use and/or co-occurring disorder. In addition, RCIT[™] will be used once the Client is stabilized.

Data Collection/Application

CSD will provide specifics to data collection software during contract negotiations.

SECTION IV: CONTENTS OF PROPOSAL AND INSTRUCTIONS

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

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

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

Paper copies are available upon request.

The FAA FY 2022-2023 Behavioral Health Application and NOFO Guidance is for reference purposes only as the proposal must be submitted through the CSD NOFO Application Submission website.

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

The deadline for application package submission is **Monday, April 26, 2021 at 12:00 PM (Noon) EST**. In order to be considered for funding, Application Packages shall be timely submitted on the CSD NOFO

Application Submission Website:

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

Applications may be revised prior to final submission. Once submitted, applications cannot be changed.

Applications must (be):

- Written in plain language in a narrative that fully addresses all questions in the FAA FY 2022-2023 Behavioral Health Application and NOFO Guidance.
- Understandable to people unfamiliar with the agency or its area of expertise.
- Specifically address the funding priorities set out in this NOFO.

Please refer to this FAA FY 2022-2023 Behavioral Health NOFO Guidance for further description or definitions.

FAA Review Committee meetings, during which the Review Committee will review and score all applications, are scheduled as follows. End time for the meeting is dependent on the number of applications received. Please check the FAA website for changes to the meeting location.

Behavioral Health (Day 1) - Support Services

May 25, 2021 (9:00 am to 5:00 pm)

CSD's Basement Conference Room

<https://pbc-gov.webex.com/pbc-gov/onstage/g.php?MTID=e3e18f9e3884d30e370aa481f7057de67>

Meeting number/Access Code: 157 028 2262
Password: uzVkTm9rH88

Join by phone: 1-844-621-3956 United States Toll
+1-415-655-0001 United States Toll Free

Behavioral Health (Day 2) - Community-Based Treatment and Services

May 26, 2021 (9:00 am to 5:00 pm)

CSD's Human Services Conference Room, 2nd Floor

<https://pbc-gov.webex.com/pbc-gov/onstage/g.php?MTID=ec8ad6b48d4f192a8c38ada744de8e4cb>

Meeting number/Access Code: 157 975 8929
Password: M38mfncJp3S

Join by phone: 1-844-621-3956 United States Toll
+1-415-655-0001 United States Toll Free

Behavioral Health (Day 3) - Deep-End Treatment

May 27, 2021 (9:00 am to 5:00 pm)

CSD's Basement Conference Room

<https://pbc-gov.webex.com/pbc-gov/onstage/g.php?MTID=ed4ef39df1a2f724cf963653b9179639d>

Meeting number/Access Code: 157 878 8287
Password: URnmTmJr374

Join by phone: 1-844-621-3956 United States Toll
+1-415-655-0001 United States Toll Free

Behavioral Health (Day 4) - Special Needs
May 28, 2021 (9:00 am to 5:00 pm)
CSD's Basement Conference Room

<https://pbc-gov.webex.com/pbc-gov/onstage/g.php?MTID=e61ddf4a50e837d9d47b172ef79751d77>

Meeting number/Access Code: 157 106 2537
Password: fqF6kQE64

Join by phone: 1-844-621-3956 United States Toll
+1-415-655-0001 United States Toll Free

Members of the public who plan to attend the meeting in person are asked to please notify CSD as soon as possible by email at JREID2NOFO@PBCGOV.ORG or by phone at (561) 355-4679.

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

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

Anyone interested in additional information may contact FAA by mail at 810 Datura Street, West Palm Beach, FL 33401, by email at JREID2NOFO@PBCGOV.ORG or by phone at (561) 355-4679.

Also, those wishing to make public comments may contact FAA by sending your comments via traditional mail to CSD at 810 Datura Street, West Palm Beach, FL 33401, or email at JREID2NOFO@PBCGOV.ORG.

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

In accordance with the Americans with Disabilities Act ("ADA"), persons with disabilities requiring accommodations in order to participate in this public meeting can contact JREID2NOFO@PBCGOV.ORG no later than three (3) business days prior to such meeting.

Persons who require special accommodations under the Americans with Disabilities Act or persons who require translation services for a meeting (free of charge), please call (561) 355-4679 or email JREID2NOFO@PBCGOV.ORG at least five business days in advance. Hearing impaired individuals are requested to telephone the Florida Relay System at #711.

FY 2021 - 2023 FAA BEHAVIORAL HEALTH APPLICATION COMPONENTS

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

Proposal

Federal ID

Agency Name

Doing Business As (DBA)

Please indicate name(s) by which agency is known or does business.

Address

City

State

Zip Code

NOFO/RFP

Additional Editors

Program Name

FAA Required FY 2022 - 2023 Cover Sheet

Click to download the REQUIRED FAA FY 2022 - 2023 Cover Sheet Template. See [ATTACHMENT 2](#).

Please upload once you have completed the form.

Please upload your document in the same format as the template: **.doc** OR **.docx**

Please name your document as such: *(Agency Name or Initials)Coversheet_FY22*

NOFO Information Document

Click to download the FY 2022 - 2023 FAA Behavioral Health NOFO Guidance document for reference throughout the application.

General Contact Information

CEO/Executive Director Name and Title

CEO/Executive Director Email

Agency Contract Person Name and Title

Agency Contract Person Phone

Agency Contract Person Email

Total Funding Amount Requested

Please enter total funding amount across all service categories that you are requesting.

Total People Expected to Serve

Please enter total number of unduplicated people expected to be served with the funding requested.

Internal Control Questionnaire

Click to download the REQUIRED **Internal Control Questionnaire**. Please upload once you have completed the form. See [ATTACHMENT 3](#).

Please upload your document in the same format as the template: **.doc** OR **.docx**

Please name your document as such: *(Agency Name or Initials)InternalControl*

Policies and Procedures

Please upload your agency's policies and procedures.

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

Performance Improvement Plan (2000 Characters)

Please describe how your agency responds to requests for performance improvement plan.

FAA FY 2022 Behavioral Health Application

1. BH Strategy/Subcategory

Select the Behavioral Health Strategy or Subcategory.

Select One: Support Services, Community-Based Treatment and Services, Deep-End Treatment, Special Needs

2. Client Population(s)

Select the client population(s). Select ALL that apply.

Select All that Apply: Children and Youth, Young Adult, Adult, Families

3. Services

Select the program services.

Select One:

- Behavioral Respite Care – Special Needs Only
- Case Management /Care Coordination – Support Services Only
- Crisis Stabilization – Deep-End Treatment Only
- Crisis Support - i.e. Mobile Support – Support Services Only
- In-home or Onsite Day Treatment – Community-Based Only
- Inpatient / Residential Services – Deep-End Treatment Only
- Medical Detox – Deep-End Treatment Only
- Outpatient Services - Therapy, Medical Services, Mental Health, Substance Use – Community-Based Only
- Recovery Support – Support Services Only
- Supportive Employment – Support Services Only
- Supportive Housing – Support Services Only

I. Need (5 Points)

4. Address Need (2000 Characters)

How will your agency address the needs identified in CSD's source documents?

5. Priority Population (2000 Characters)

Define the priority population you intend to serve. Discuss how your proposal addresses this population.

6. Client Eligibility (2000 Characters)

Describe your criteria for program eligibility (i.e., socio-economic, insured/uninsured status, etc.)

7. Geographic Location (2000 Characters)

Will your program focus on specific geographic locations within Palm Beach. If so, specify location (i.e. town, zip code, community, neighborhood).

II. Program Implementation and Design (50 Points)

Overarching Principles

Considering the overarching principles discussed in the FAA FY 2022-2023 Behavioral Health NOFO Guidance document, and the area of focus you have selected to address, please respond to the following questions.

Program Narrative

8. Proposed Program (4000 Characters)

Describe the proposed program.

9. System of Service Delivery (6000 Characters)

Describe in detail the proposed program's system of service delivery from intake/admission to discharge/program completion.

10. Evidence-Based Practice and Tools (3000 Characters)

Describe any evidence-based practices or research-informed approaches, tools and/or strategies you intend to utilize in the implementation of the program.

11. Alignment with Principles (2000 Characters)

Identify how your proposed activities meet the definition of a person-centered, recovery-oriented system of care (ROSC).

Program Implementation

12. Person-Centered ROSC (2000 Characters)

Describe your experience in the person-centered, ROSC environment, as applicable.

13. Recovery Capital Index™ (RCI™) (2000 Characters)

Describe how your program will incorporate the RCI™, which is required for programs serving Clients with SUD and/or Co-Occurring disorders, as applicable.

14. Program Assessment (2000 Characters)

Describe any tools/assessments your agency intends to use for this program, as well as the frequency and manner in which they will be employed.

Collaborations and Partnerships

15. Collaborations and Partnerships (3000 Characters)

Does your program involve collaborating or partnering with other organizations? If so, describe how and on what aspects of program implementation you intend to collaborate or partner with other organizations/partners.

16. MOUs and MOAs

For Agency Applications with formal partnerships, upload Memoranda of Understanding (MOUs) or Memoranda of Agreement (MOAs) that explain your project partnership.

Please upload your document in the same format as the template: **.pdf**

Please name your document as such: **(Agency Name or Initials)MOUs**

17. MOU Description (2000 Characters)

Describe how, in your partnership, you will jointly address the service need fiscally and programmatically.

18. Program Barriers (3000 Characters)

Describe any barriers you anticipate in implementing your program/project. Describe your plan to address these barriers or other anticipated challenges.

III. Evaluation Approach (25 Points)

19. Evaluation Methods (4000 Characters)

Describe the evaluation methods and activities for your proposed program. Include data collection methodologies, approach to analysis, and how data will be used to inform any modifications in activities or treatment. If your program has plans to utilize any specific tools, provide a copy of the tools, any underlying research and your plan for utilizing any such tools (including timing, frequency, changing course of plans, etc.).

20. Data Collection (2000 Characters)

Identify how you will collect data, including the frequency of collection, types of data and how you will use the data on an on-going basis.

21. Data Utilization (2000 Characters)

How will you utilize the RCIT™, SPDAT, and/or other related data towards Client treatment/recovery/service plans? Provide an example of how you will use the tool(s) to plan with Clients and improve outcomes.

22. Logic Model

Click to download the ROMA Plan/Logic Model template. Please upload once you have completed the form. See [ATTACHMENT 4](#).

- Ensure outcomes are SMART (specific, measurable, achievable, realistic, time bound).
- Ensure outcomes are reflective of the required outcomes stated in the FAA NOFO Guidance.
- Include outcomes from wraparound modeled services, if applicable.
 - Please upload your document in the same format as the template: **doc** OR **.docx**
 - Please name your document as such: *(Agency Name or Initials)*ROMALM_FY22

IV. Organizational Capacity (10 Points)

23. Key Personnel (3000 Characters)

Describe the roles and responsibilities of key program personnel. Additionally, if applicable, identify and describe the roles and responsibilities your project partners play.

24. Trainings (4000 Characters)

Describe on-going or planned efforts to ensure staff receives the following trainings and how they would be incorporated into service delivery:

- Racial Equity Training
- Trauma-Informed Care (TIC), Adverse Childhood Experiences (ACEs), Motivational Interviewing (MI) training

- Cultural Competency/Humility Training
- Lesbian, Gay, Bi-Sexual, Transgender, Questioning (LGBTQ) Cultural Competency
- Wraparound Service

25. Co-Occurring Disorders (4000 Characters)

Describe prior and/or planned efforts to ensure service delivery encompasses addressing patients/clients with co-occurring (both substance abuse and mental illness) disorders.

26. Coordinated Care (2000 Characters)

Describe how you will incorporate coordinated care and when necessary, wraparound services, as applicable.

27. Population Expertise (2000 Characters)

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

28. Agency Experience (3000 Characters)

Describe the experience and expertise of your organization and your project partners, if applicable, in successfully implementing and sustaining projects of similar scope and size.

Program History

29. Prior Outcomes (3000 Characters)

Discuss prior outcomes and other relevant data that demonstrate success you have had in the provision of the services in this proposal.

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

30. Monitoring (3000 Characters)

Discuss experience of prior program monitoring, including FAA and other funder monitoring and reports. Identify any findings that were made and how they were addressed.

31. Nonprofit First Certification

Is Agency certified by Nonprofit First or another Accreditation body?

Select: Yes or No

32. Accreditation and Certification

Please upload your Nonprofit First Certification or Accreditation Certificate from an established accreditation entity.

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

Available Resources and Sustainability

33. Community Resource (2000 Characters)

Identify any programs or services in the community that can support your project.

34. Referrals (2000 Characters)

What are the plans to refer clients to a recovery community organization/recovery community center and/or other service organizations, if applicable?

35. Program Sustainability (3000 Characters)

Describe how your organization will continue to address this need or solve this problem when this FAA funding period ends. Describe how awarded funds will allow you to leverage additional dollars.

V. Budget (10 Points)

36. FY 2022 Proposed Program Budget

- Complete proposed program budget using the template provided in the online application. Review the “sample” and “guidelines” tabs provided before completing the template. Ensure the requested fund justifications are complete.
- Ensure administration expenses are limited to 15%. The Budget Justification must be thoroughly completed. (Please describe in detail each of the line items requested in the budget. Employee positions should include brief descriptions of their duties in the program). If you are charging an indirect/administrative cost rate, then you must remove any other line items related to indirect/administrative expenses. If an indirect cost rate is being requested, an approved cost plan from a cognizant agency must be included.
- Ensure FAA requested funding is not more than 25% of the Total Agency Budget.

Click to download the **REQUIRED FY 2022 Budget Worksheet Template**. See [ATTACHMENT 5](#). Please upload once you have completed the form.

- Please submit budget in one of the following formats: **.xls** OR **.xlsx**
- Please name your budget as such: **(Agency Name or Initials)Budget_FY22**

37. Total Agency Budget

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

- Please submit Total Agency Budget in one of the following formats: **.pdf** OR **.xls** OR **.xlsx**
- Please name your Total Agency Budget as such: **(Agency Name or Initials)TAB_FY22**

38. Audit Report

Submit most recent audit report. If there were findings, describe corrective actions.

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

39. Audit Report Corrective Actions Explanation (1000 Characters)

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

40. Year End Financials

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

- Please submit Year-End Financial Statements in the following format: **.pdf**
- Please name your Year-End Financial Statements as such: *(Agency Name or Initials)YEFS_FY20*

41. IRS Form 990

Submit IRS Form 990. If not submitted explain why.

- Please submit IRS Form 990 in the following format: **.pdf**
- Please name your IRS Form 990 as such: *(Agency Name or Initials)IRS990_FY20*

42. YEFA/IRS 990 Explanation (1000 Characters)

Please provide any Year End Financials/IRS Form 990 explanation, if applicable.

43. Unit Cost (4000 Characters)

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

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

44. Cost per Client (2000 Characters)

Describe how you derived the Cost per Client. (For existing FAA agencies, please explain any differences in Cost per Client, as applicable). Ensure the Cost per Client is clear and accurately calculated. Formulas used to arrive at the cost must be included.

45. FAA Funding

Is FAA funding being used as match for another funding source?

Select: Yes or No

46. FAA Funding Match Explanation (1000 characters)

Please provide any FAA Funding Explanation (only applicable if "YES" was selected for Question 44).

VI. Scope of Work (No Points)

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

47. Target Population (200 Characters)

Briefly explain your target population.

48. Overview (400 characters or less)

Please provide a brief overview of the proposed program.

49. Services (1000 Characters)

List in bullet points the services you will be providing to clients.

50. Scope of Work (SOW) Template

Click to download the REQUIRED FY 2022 Scope of Work Template. See [ATTACHMENT 6](#). Please upload once you have completely filled it out.

- Please submit SOW in one of the following formats: **.doc** OR **.docx**
- Please name your budget as such: *(Agency Name or Initials)SOWFY22*

SECTION V: APPLICATION REVIEW PROCESS

The application review process is welcoming to persons with disabilities, persons who have experienced Behavioral Health, and persons with limited English proficiency. If you need any accommodations, please contact (561) 355-4679 or JREID2NOFO@PBCGOV.ORG.

- CSD shall recruit FAA Review Committee members.
- Review Committee members shall be trained, as appropriate, and receive submitted applications.
- Applications shall be reviewed, discussed and scored by the FAA Review Committee.
- Funding recommendations, based in part by the scoring, are submitted to the CAC/HHS for comments.
- Funding recommendations are posted to the FAA website.
- Applicant(s) have seven (7) business days following the posting of funding recommendations to file a grievance notice.
- Funding recommendations are submitted to the BCC for final approval.
- Contract agreements, based on the funding recommendations, are submitted to the BCC for final approval.

SECTION VI: GRIEVANCE NOTICE FORM

Grievance Notice Form Palm Beach County Community Services Department- FAA Program

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

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

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

Mr. James Green, Director Community Services Department
810 Datura Street, First Floor, West Palm Beach, Florida 33401
JGreen1@pbcgov.org

Entity Filing Grievance: _____

Which process was allegedly deviated from? _____

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

What remedy does the applicant seek?

Authorized Agency Representative Name and Title

Agency Filing Grievance

Authorized Agency Representative Signature

Date

SECTION VII: DEFINITIONS

Adults - Client(s) are over the age of 25

Children and Youth - Client(s) are birth to 18 years of age

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

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

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

No Wrong Door - is a people-centered solution for human services that provides a universal gateway to community and government programs. The concept is simple: People should be able to complete a single application to determine their eligibility for and enroll in community-based programs and resources.

Special Needs - As defined under the Americans with Disabilities Act (ADA), a person who has a physical or mental impairment that substantially limits one or more major life activity, a person who has a history or record of such an impairment, OR a person who is perceived by others as having such an impairment. A disability does not require a formal medical diagnosis. Self-disclosure of a disability and how it may impact a person's major life activities is the only requirement to document a disability.

Support Services – Services that include crisis support, case management, care coordination, mobile crisis, recovery support (i.e. peer services, drop-in recovery community centers, recovery community organizations), supportive housing, supportive employment, prevention, and early intervention

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

Young Adults - Client(s) are 19 to 24 years of age

² http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0000-0099/0039/Sections/0039.01.html

ATTACHMENT 1: FY 2022 – 2023 FAA BEHAVIORAL HEALTH SERVICE CATEGORY STRATEGIES AND SUBCATEGORY NOFO SCORING AND RANKING GUIDE FOR REVIEW PANELIST

All scored FAA FY 2022 Behavioral Health proposals will be ranked. The Review Panel will rank all proposals based on how critical they deem the program is for the system of care. The SCORE awarded to a proposal is reflective of how competitive the proposal is. The RANKING of the proposals is reflective of how imperative and critical the services are to ensure availability and access.

The Review Panels will consider data and information in the FAA FY 2022 Behavioral Health NOFO Guidance document when ranking the proposals. Each Behavioral Health Strategy and Subcategory shall be ranked separately. The Strategies include Support Services, Community-Based Treatment and Services, and Deep-End Treatment, and the Subcategory is Special Needs. This ranking guide is to ensure the ranking decisions are data driven.

Proposals in each Strategy and Subcategory considered the most critical and relevant to the system of care shall receive priority ranking. All proposals must be ranked. No two proposals can be ranked the same. If there are 10 proposals, then the ranking shall be from one (1) through ten (10), with the proposal ranked at 1 being the most critical.

FAA Behavioral Health Service Category Proposals to Consider in Scoring

Proposals for the FAA FY 2022 - 2023 Behavioral Health NOFO shall include the following elements:

- Provide for integrated and coordinated care and services.
- Incorporate strength-based planning and use of data to determine effectiveness of services and client perception of services.
- Ensure individualized services based on needs and client’s articulated priorities and goals.
- Incorporate holistic assessment of client’s individualized needs.
- Provide a trauma-informed and “no wrong-door” approaches.
- Ensure consistent implementation and integration into care planning and services of Recovery Capital Index™ (RCI™) for young adults and adults with substance use disorders and co-occurring behavioral health and substance use disorders.
- Employ flexibility if services are not producing expected outcomes.
- Use evidence-based practices.
- Demonstrate knowledge and the importance of the purpose of data, data sharing and communication across providers.

FAA Behavioral Health Service Category Proposals to Consider in Ranking

Strategy - Support Services

1. Demonstrates ability to utilize a comprehensive and coordinated continuum of services for Clients with other social and recovery support services, if applicable (i.e., housing, therapy, Medication-Assisted Treatment (MAT), food, employment, recovery community organizations and allied centers, peer supports).
2. Provide services to individuals (Youth, Young Adults, and Adults) with behavioral or emotional disorders and individuals who are at-risk due to trauma, life, or environmental circumstances, as

well as services to Individuals who have Behavioral Health, Substance Use, and/or Co-occurring Disorders.

3. If applicable, demonstrates knowledge and understanding of RCI™ and ability to integrate recovery capital measuring and monitoring into care planning and services.

Strategy - Community-Based Treatment and Services

1. Demonstrates ability to implement a comprehensive and coordinated continuum of services for Clients with other social and recovery support services, if applicable (i.e., housing, therapy, MAT, food, employment, peer supports), with warm hand-offs.
2. Provide services to Individuals (Youth, Young Adults, and Adults) with behavioral or emotional disorders and individuals who are at-risk due to trauma, life, or environmental circumstances, as well as services to individuals who have Behavioral Health, Substance Use, and/or Co-occurring Disorders.
3. If applicable, demonstrates knowledge and understanding of RCI™ and ability to integrate recovery capital measuring and monitoring into care planning and services.

Strategy - Deep-End Treatment

1. Ensure individualized treatment and recovery planning are strength-based, and that long-term recovery planning is conducted prior to discharge.
2. Demonstrates ability to implement a comprehensive continuum for Clients with other social and recovery support services, if applicable (i.e., housing, therapy, MAT, food, employment, peer supports), with warm hand-offs.
3. If applicable, demonstrates knowledge and understanding of RCI™, and ability to integrate recovery capital measuring and monitoring into care planning and services.

Subcategory - Special Needs

1. Provide respite to caregivers of individuals with varying disabilities.
2. Demonstrates ability to assess and accommodate needs of individuals with varying disabilities in appropriate settings.

ATTACHMENT 2: REQUIRED COVER SHEET

REQUIRED COVER SHEET



**PALM BEACH COUNTY
DEPARTMENT OF COMMUNITY SERVICES
FINANCIALLY ASSISTED AGENCIES FY 2022**

PLEASE RESPOND TO ALL QUESTIONS LISTED BELOW:

(NOTE: This form is formatted using MS Word, Cambria, and 10pt font)

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

SPECIAL NOTICE:

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

ATTACHMENT 3: INTERNAL CONTROL QUESTIONNAIRE

INTERNAL CONTROL QUESTIONNAIRE (to be completed by applicant)

	YES	NO	N/A
GENERAL			
The following questions relate to the internal accounting controls of the overall organization.			
1. Are the duties for key employees of the organization defined?			
2. Is there an organization chart which sets forth the actual lines of responsibility?			
3. Are written procedures maintained covering the recording of transactions?			
a. Covering an accounting manual?			
b. Covering a chart of accounts?			
4. Do the procedures, chart of accounts, etc., provide for identifying receipts and expenditures of program funds separately for each grant?			
5. Does the accounting system provide for accumulating and recording expenditures by grant and cost category shown in the approved budget?			
6. Does the organization maintain a policy manual covering the following:			
a. approval authority for financial transactions?			
b. guidelines for controlling expenditures, such as purchasing requirements and travel authorizations?			
7. Are there procedures governing the maintenance of accounting records?			
a. Are subsidiary records for accounts payable, accounts receivable, etc., balanced with control accounts on a monthly basis?			
b. Are journal entries approved, explained and supported?			
c. Do accrual accounts provide adequate control over income and expense?			
d. Are accounting records and valuables secured in limited access areas?			
8. Are duties separated so that no one individual has complete authority over an entire financial transaction?			
9. Does the organization use an operating budget to control funds by activity?			

	YES	NO	N/A
10. Are there controls to prevent expenditure of funds in excess of approved, budgeted amounts? For example, are purchase requisitions reviewed against remaining amount in budget category?			
11. Has any aspect of the organization's activities been audited within the past 2 years by another governmental agency or independent public accountant?			
12. Has the organization obtained fidelity bond coverage for responsible officials?			
13. Has the organization obtained fidelity bond coverage in the amounts required by statutes or organization policy?			
14. Are grant financial reports prepared for required accounting periods within the time imposed by the grantors?			
15. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?			
CASH RECEIPTS			
1. Does the organization have subgrant agreements which provide for advance payments and/or reimbursement of cost?			
2. If advance payments have been made to the organization:			
a. Are funds maintained in a bank with sufficient federal deposit insurance?			
b. Is there an understanding of the terms of the advance (i.e. to be used before costs can be submitted for reimbursement)?			

PURCHASING, RECEIVING, AND ACCOUNTS PAYABLE

The following conditions are indicative of satisfactory control over purchasing, receiving, and accounts payable.

1. Prenumbered purchase orders are used for all items of cost and expense.
2. There are procedures to ensure procurement at competitive prices.
3. Receiving reports are used to control the receipt of merchandise.
4. There is effective review by a responsible official following prescribed procedures for program coding, pricing, and extending vendors' invoices.
5. Invoices are matched with purchase orders and receiving reports.
6. Costs are reviewed for charges to direct and indirect cost centers in accordance with applicable grant agreements and applicable Federal Management circulars pertaining to cost principles.
7. When accrual accounting is required, the organization has adequate controls such as checklists for statement closing procedures to ensure that open invoices and uninvoiced amounts for goods and services received are properly accrued or recorded in the books or controlled through worksheet entries.

8. There is adequate segregation of duties in that different individuals are responsible for (a) purchase (b) receipt of merchandise or services, and (c) voucher approval.

PURCHASING

1. Is the purchasing function separate from accounting and receiving?
2. Does the organization obtain competitive bids for items, such as rental or service agreements, over specified amounts?
3. Is the purchasing agent required to obtain additional approval on purchase orders above a stated amount?
4. Are there procedures to obtain the best possible price for items not subject to competitive bidding requirements, such as approved vendor lists and supply item catalogs?
5. Are purchase orders required for purchasing all equipment and services?
6. Are purchase orders controlled and accounted for by prenumbering and keeping a logbook?
7. Are the organization's normal policies, such as competitive bid requirements, the same as grant agreements and related regulations?
8. Is the purchasing department required to maintain control over items or dollar amounts requiring the ADECA to give advance approval?
9. Under the terms of 2 CFR 200, certain costs and expenditures incurred by units of State and local governments are allowable only upon specific prior approval of the grantor Federal agency. The grantee organization should have established policies and procedures governing the prior approval of expenditures in the following categories.
 - a. Automatic data processing costs.
 - b. Building space rental costs.
 - c. Costs related to the maintenance and operation of the organization's facilities.
 - d. Costs related to the rearrangement and alteration of the organization's facilities.
 - e. Allowances for depreciation and use of publicly owned buildings.

YES	NO	N/A

	YES	NO	N/A
4. Are extensions on invoices and applicable freight charges checked by accounts payable personnel?			
5. Is the program to be charged entered on the invoice and checked against the purchase order and approved budget?			
6. Is there an auditor of disbursements who reviews each voucher to see that proper procedures have been followed?			
7. Are checks adequately cross referenced to vouchers?			
8. Are there individuals responsible for accounts payable other than those responsible for cash receipts?			
9. Are accrual accounts kept for items which are not invoiced or paid on a regular basis?			
10. Are unpaid vouchers totaled and compared with the general ledger on a monthly basis?			

CASH DISBURSEMENTS

The following conditions are indicative of satisfactory controls over cash disbursements.

1. Duties are adequately separated; different persons prepare checks, sign checks, reconcile bank accounts, and have access to cash receipts.
2. All disbursements are properly supported by evidence of receipt and approval of the related goods and services.
3. Blank checks are not signed.
4. Unissued checks are kept in a secure area.
5. Bank accounts are reconciled monthly.
6. Bank accounts and check signers are authorized by the board of directors or trustees.
7. Petty cash vouchers are required for each fund disbursement.
8. The petty cash fund is kept on an imprest basis.

	YES	NO	N/A
1. Are checks controlled and accounted for with safeguards over unused, returned, and voided checks?			
2. Is the drawing of checks to cash or bearer prohibited?			
3. Do supporting documents, such as invoices, purchase orders, and receiving reports, accompany checks for the check signers' review?			
4. Are vouchers and supporting documents appropriately cancelled (stamped or perforated) to prevent duplicate payments?			

	YES	NO	N/A
5. If check signing plates are used, are they adequately controlled (i.e., maintained by a responsible official who reviews and accounts for prepared checks)?			
6. Are two signatures required on all checks or on checks over stated amounts?			
7. Are check signers responsible officials or employees of the organization?			
8. Is the person who prepares the check or initiates the voucher other than the person who mails the check?			
9. Are bank accounts reconciled monthly and are differences resolved?			
10. Concerning petty cash disbursements:			
a. Is petty cash reimbursed by check and are disbursements reviewed at that time?			
b. Is there a maximum amount, reasonable in the circumstances, for payments made in cash?			
c. Are petty cash vouchers written in ink to prevent alteration?			
d. Are petty cash vouchers canceled upon reimbursement of the fund to prevent their reuse?			

PAYROLL

The following conditions are indicative of satisfactory controls of payroll.

1. Written authorizations are on file for all employees covering rates of pay, withholdings and deductions.
2. The organization has written personnel policies covering job descriptions, hiring procedures, promotions, and dismissals.
3. Distribution of payroll charges is based on documentation prepared outside the payroll department.
4. Payroll charges are reviewed against program budgets and deviations are reported to management for follow-up action.
5. Adequate timekeeping procedures, including the use of timeclock or attendance sheets and supervisory review and approval, are employed for controlling paid time.
6. Payroll checks are prepared and distributed by individuals independent of each other.
7. Other key payroll and personnel duties such as timekeeping, salary authorization and personnel administration are adequately separated.

- | | YES | NO | N/A |
|---|-----|----|-----|
| 8. Are payroll and personnel policies governing compensation in accordance with the requirements of grant agreements? | | | |
| 9. Are there procedures to ensure that employees are paid in accordance with approved wage and salary rates? | | | |
| 10. Is the distribution of payroll charges checked by a second person and are aggregate amounts compared to the approved budget? | | | |
| 11. Are wages paid at or above the Federal minimum wage? | | | |
| 12. Are procedures adequate for controlling: (a) overtime wages, (b) overtime work authorization, and (c) supervisory approval of overtime? | | | |
| 13. Are payroll checks distributed by persons not responsible for preparing the checks? | | | |

PROPERTY AND EQUIPMENT

The following conditions are indicative of satisfactory control over property and equipment.

- There is an effective system of authorization and approval of capital equipment expenditures.
 - Accounting practices for recording capital assets are reduced to writing.
 - Detailed records of individual capital assets are kept and periodically balanced with the general ledger accounts.
 - There are effective procedures for authorizing and accounting for disposals.
 - Property and equipment is stored in a secure place.
- | | YES | NO | N/A |
|--|-----|----|-----|
| 6. Are executive authorizations and approvals required for originating expenditures for capital items? | | | |
| 7. Are expenditures for capital items reviewed for board approval before funds are committed? | | | |

	YES	NO	N/A
9. Does the organization have established policies covering capitalization and depreciation?			
10. Does the organization charge depreciation or use allowances on property and equipment against any grant programs which it administers?			
11. Is historical cost the basis for computing depreciation or use allowances?			
12. Are the organization's depreciation policies or methods of computing use allowances in accordance with the standards outlined in Federal circulars or agency regulations?			
13. Are there detailed records showing the asset values of individual units of property and equipment?			
14. Are detailed property records periodically balanced to the general ledger?			
15. Are detailed property records periodically checked by physical inventory?			
16. Are differences between book records and physical counts reconciled and are the records adjusted to reflect shortages?			
17. Are there procedures governing the use of property and equipment?			

INDIRECT COSTS

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

ATTACHMENT 4: ROMA LOGIC MODEL

ROMA Logic Model – Family Level Example National ROMA Peer-To-Peer Training Program

Identified Problem, Need or Situation	Service or Activity	Outcome <i>General statement of results expected</i>	Projected Indicator <i># to achieve/# to be served, %, time frame</i>	Actual Indicator <i># achieved/# served, %, time frame</i>	Measurement Tool	Data Procedures	Frequency <i>Data Collection and Reporting</i>
					Output Tool:	Who does it?	
					Outcome Tool:	What is the process?	
						Where is data stored?	

Mission:

Calculating Agency's Targeting Success Rate:
Actual number achieving outcome/Projected number to achieve outcome=

ROMA Logic Model Checklist

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

ATTACHMENT 5: BUDGET WORKSHEET

NOFO BUDGET WORKSHEET

INSERT AGENCY NAME	INSERT PROGRAM NAME HERE					Palm Beach County Funds	Program Funder #1	Program Funder #2	Program Funder #3	Program Funder #4	Total Program Funding (All Sources)
Program Period:						Pending	Pending or Confirmed?	Pending or Confirmed?	Pending or Confirmed?	Pending or Confirmed?	Pending
TOTAL PROGRAM FUNDING AMOUNT =											
Program Expenses	Narrative					Total	Total	Total	Total	Total	Total
Personnel											
Program Manager	Please note, any split-funded positions should list other funders/amounts in following columns and the total for the full FTE should add up in column G.										
Program Assistant											
Fringe Benefits - Program Assistant											
Community Educator											
Building /Occupancy											
Rent/Lease											
Building Maintenance											
Insurance											
Utilities											
Electric											
Water											
Telephone											
Project Supplies/Equipment											
Office Supplies											
Postage/Shipping											
Printing											
Materials/Program Supplies											
Equipment Rental											
Professional Fees											
Conference Registration Fees											
Training											
Travel/Mileage											
TOTAL PROGRAM EXPENSES = \$						-	-	-	-	-	-
Administrative Expenses	Narrative										
Personnel											
Executive Position #1 (NAME)											
Consulting Fees											
XYZ Consultants											
Administrative % of PBC Award							ADIV/01				
TOTAL ADMINISTRATIVE EXPENSES =											

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

Insert Unit Rate Amount:

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

Insert Unit Rate Description/Details

PROGRAM BUDGET WORKSHEET (SAMPLE)

Budget Items	Program Name	Palm Beach County		Program Funder #2	Program Funder #3	Program Funder #4	Total Program Funding (All Sources)
		Proposed	Amount	Confirmed	Pending	Pending	Pending
Program Period: FY 2021	TOTAL PROGRAM FUNDING AMOUNT =	\$ 129,500.00	\$	\$ 45,000.00	\$ 17,500.00	\$ 7,500.00	\$ 159,500.00
Program Expenses	Narrative	Amount	Amount	Amount	Amount	Amount	Amount
Personnel		\$ 89,900.00	\$	\$ 25,000.00	\$ 10,000.00	\$	\$ 124,900.00
Program Manager	Program manager position for community support service. Salary expense is 100% funded by PBC award and includes fringe benefits.	\$ 60,000.00	\$				\$ 60,000.00
Program Assistant	Program Assistant role is to support the program manager and community educator with daily tasks. This salary expense is 50% funded by PBC award. Total salary expense is \$15,000, with 50% allocated to PBC (\$7,500). (Salary expense does not include fringe benefits)	\$ 25,000.00	\$	\$ 25,000.00	\$	\$	\$ 50,000.00
Fringe Benefits - Program Assistant	Fringe benefits expense for Program Assistant. Fringe benefits for this position total (\$1,800), with 50% allocated to Palm Beach County in the amount of \$900.	\$ 900.00	\$				\$ 110,000.00
Community Educator	Community Educator position is the primary interface with local schools, charities and support groups. Total Salary (including fringe benefits) billed to Palm Beach County = \$39,045. pays .8 FTE	\$ 4,000.00	\$		\$ 10,000.00		\$ 14,000.00
Building /Occupancy		\$ 27,050.00	\$	\$	\$	\$	\$ 27,050.00
Programmatic Rent/Lease	*Note: Rent for areas that house admin staff should be listed separately under admin section* Rent expense for Lake Worth facility. Total rental expense for FY16 = \$35,000. Allocation to Palm Beach County award= \$20,000. Remaining \$15,000 will be paid by other operating income.	\$ 20,000.00	\$				\$ 20,000.00
Building Maintenance	Maintenance expense for building XYZ	\$ 3,800.00	\$				\$ 3,800.00
Insurance	Commercial, General, Liability Insurance	\$ 3,250.00	\$				\$ 3,250.00
Utilities		\$ 2,400.00	\$	\$	\$ 1,750.00	\$	\$ 3,900.00
Electric	Electric Utility Services expense for location X	\$ 1,200.00	\$		\$ 1,000.00		\$ 2,200.00
Water	Water Utility service for location X	\$ 850.00	\$		\$ 500.00		\$ 1,350.00
Telephone	Telephone expense for landline at location X	\$ 350.00	\$				\$ 350.00
Project Supplies/Equipment		\$ 4,900.00	\$	\$	\$	\$	\$ 4,900.00
Office Supplies	Office supplies for program staff	\$ 500.00	\$				\$ 500.00
Postage/Shipping	Postage expense for client related mailing	\$ 750.00	\$				\$ 750.00
Printing	Printing expense for program brochures	\$ 650.00	\$				\$ 650.00
Materials/Program Supplies	Program related supplies used to support client base	\$	\$				\$
Equipment Rental	Monthly equipment rental fee for use of X = \$500 (\$6000 per year). Palm Beach County to cover 50% of this expense (\$3000).	\$ 3,000.00	\$				\$ 3,000.00
Professional Fees		\$ 2,950.00	\$	\$	\$	\$	\$ 2,950.00
Conference Registration Fees	Professional development program fee	\$ 350.00	\$				\$ 350.00
Training	Staff training expense for program/medical/intervention training for client support	\$ 1,500.00	\$				\$ 1,500.00

Budget Items	Program Name	Palm Beach County		Program Funder #2	Program Funder #3	Program Funder #4	Total Program Funding (All Sources)
		Proposed	Confirmed				
Program Period: FY 2021							
Travel/Mileage	Program staff mileage reimbursement for client and training related meetings	\$ 1,100.00					\$ 1,100.00
	TOTAL PROGRAM EXPENSES =	\$ 122,300.00	\$ 25,000.00	\$ 1,150.00	\$ -	\$ -	\$ 158,800.00
Administrative Expenses:	Narrative:						
Personnel	A 5% allocation of the Executive Director salary expense (including fringe benefits) will be billed to Palm Beach County - Executive Director total salary expense = \$95,000. 5% allocation to Palm beach County = \$ 4,250	\$ 4,250.00	\$ -	\$ -	\$ -	\$ -	\$ 4,250.00
Executive Position #1 (1A)		\$ 4,250.00					\$ 4,250.00
Consulting Fees	Accounting and audit expenses for programs. Annual Accounting fee = \$950, Annual Audit fee = \$2,000. Total expense = \$2,950	\$ 2,950.00	\$ -	\$ -	\$ -	\$ -	\$ 2,950.00
XYZ Consultants		\$ 2,950.00					\$ 2,950.00
Administrative % of PBC Award	TOTAL ADMINISTRATIVE EXPENSES =	\$ 7,200.00	\$ -	\$ -	\$ -	\$ -	\$ 7,200.00
		6%					
UNIT RATE	Insert Unit Rate Amount: \$350/night						

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

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

ATTACHMENT 6: SCOPE OF WORK

FY 2022 – 2023 FINANCIALLY ASSISTED AGENCIES SCOPE OF WORK AND SERVICES

Agency Name:
Program Name:
Location:
Funding Priority:

Scope of Work

A. Program Description:

B. Priority Population: Clients will be defined as ...

- i. **Eligibility Criteria:** Clients must reside in Palm Beach County with a mental health and/or substance use disorder including, but not limited to impairment in functioning, at-risk, and/or behavioral or emotional disorders. Current or past traumatic stress may also be a factor wherein it impacts the Client's overall wellness for Clients who do not have a diagnosis.
- ii. **Documentation of Eligibility:** All Clients will be screened for eligibility. Supporting documentation of eligibility will be retained in each Client file.

C. Clients Served: A minimum of # unduplicated Clients.

D. Service Delivery

EXHIBIT 1: INSURANCE

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

- A. AGENCY shall, at its sole expense, agree to maintain in full force and effect at all times during the term of the agreement, insurance coverage and limits (including endorsements), as described herein. AGENCY shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as COUNTY's review or acceptance of insurance maintained by AGENCY are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by AGENCY under the Agreement. Where permitted by the policy, coverage shall apply on a primary and non-contributory basis.
- B. **Commercial General Liability** AGENCY shall maintain Commercial General Liability at a limit of liability not less than **\$500,000** Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by COUNTY's Risk Management Department.
- B. **Business Automobile Liability** AGENCY shall maintain Business Automobile Liability at a limit of liability not less than **\$500,000** Each Accident for all owned, non-owned and hired automobiles. In the event AGENCY does not own any automobiles, the Business Auto Liability requirement shall be amended allowing AGENCY to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form.
- C. **Workers' Compensation Insurance & Employers Liability** AGENCY shall maintain Workers' Compensation & Employers Liability in accordance with Florida Statute Chapter 440.
- D. **Professional Liability** AGENCY shall maintain Professional Liability or equivalent Errors & Omissions Liability at a limit of liability not less than **\$1,000,000** Each Claim. When a self-insured retention (SIR) or deductible exceeds **\$10,000**, COUNTY reserves the right, but not the obligation, to review and request a copy of AGENCY's most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, AGENCY shall maintain a Retroactive Date prior to or equal to the effective date of the agreement. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims - made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of the agreement, AGENCY shall purchase a SERP with a minimum reporting period not less than three (3) years.
- E. **Additional Insured** AGENCY shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents."

- F. **Waiver of Subrogation** AGENCY hereby waives any and all rights of Subrogation against the COUNTY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss contract to waive subrogation without an endorsement to the policy, then AGENCY shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which specifically prohibits such an endorsement, or which voids coverage should AGENCY enter into such a contract on a pre-loss basis.
- G. **Certificate(s) of Insurance** No later than the execution of the agreement, AGENCY shall deliver to the COUNTY's representative as identified in Article 24, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by the agreement have been obtained and are in full force and effect. The Certificate of Insurance shall be issued to
- Palm Beach County Board of Commissioners
c/o Community Services Department
810 West Datura Street
West Palm Beach, FL 33401
ATTN: Office of Behavioral Health and Substance Use Disorders
- H. **Umbrella or Excess Liability** If necessary, AGENCY may satisfy the minimum limits required above for Commercial General Liability, Business Auto Liability, and Employer's Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for either Commercial General Liability, Business Auto Liability, or Employer's Liability. The COUNTY shall be specifically endorsed as an "Additional Insured" on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.
- I. **Right to Review** COUNTY, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverage, or endorsements, herein from time to time throughout the term of the agreement. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.