



Invitation to Negotiate # 010

Community Coalition Services

**Release Date: January 24, 2018
Time: 5:00 P.M. [E.S.T.]**





**Invitation to Negotiate #010
Prevention of Substance Abuse and
Promotion of Positive Mental Health and Related
Consequences**

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INVITATION TO NEGOTIATE #010

Community Coalitions for Substance Abuse Prevention

SECTION I: INTRODUCTION

A. INVITATION TO NEGOTIATE – STATEMENT OF NEED

South Florida Behavioral Health Network, Inc. (“SFBHN”) solicits applications from not-for-profit corporations incorporated in the state of Florida as a 501(c)(3) organization qualified to do business in the State of Florida and qualified governmental entities, quasi-governmental entities, and public school systems, currently providing, or capable and willing to provide, coalition services for Prevention of substance abuse and related consequences in Miami-Dade as part of a continuum of behavioral health care for individuals and their families. Applicants must have a physical location in Miami-Dade County at the time of submission of an application.

SFBHN is a nonprofit, 501(c)3 managing entity that delivers comprehensive planning and coordination for the prevention and treatment of behavioral health disorders at the community level. As a network system of care, SFBHN oversees funding designated by the State of Florida to help individuals and families in need of behavioral health care. SFBHN's delivery system is performance-driven, cost-effective, and fiscally responsible.

SFBHN is committed to improving the lives of people with mental health disorders and addiction problems. Its goal is to develop, implement, and refine a coordinated system of behavioral health care within the community that enhances prevention, treatment, and recovery services for those at risk of, or who are suffering from, mental health and substance abuse problems. SFBHN helps children, youth, adults, and families with substance abuse and mental health problems find the assistance they need.

SFBHN requires applicants to use the Strategic Prevention Framework (SPF) as a guide for the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.

In addition, SFBHN requires the successful applicant(s) to work with, the SFBHN funded evaluation entity, Behavioral Science Research Institute (BSRI) and provide information regarding the effectiveness of the funded programs and coalitions. Contact information for BSRI is found in Appendix B, Helpful Resources.

SFBHN supports health systems research and evaluation efforts that improve the quality of services and outcomes for individuals, families and communities. The

applicants must substantiate the request for funding based on community level data, as well as other pertinent data. This data should be the basis of the coalition's Comprehensive Community Action Plan (CCAP) and Logic Model.

An Integrated Behavioral Health Approach

To enhance the behavioral health system, it is critical to consider the importance of viewing mental and physical health more holistically rather than in separate silos, including any substance use disorders. Research indicates that “co-occurring disorders” represent an important segment of individuals served within the behavioral health arena; including in Prevention. In light of these findings, it is important to develop an integrated approach to preventing mental, emotional, substance use/abuse, and behavioral disorders and related problem behaviors.

Primary Health Care Integration

. It is the goal of SFBHN to ensure the integration of behavioral health services and primary care services to all the participants and consumers in care. In the context of federal health care reform and best practices, SFBHN also requires that applicants propose integrated strategies that address primary care and behavioral health promotion, including coalitions. Substance abuse coalitions should feel confident in their place at the table with community stakeholders in the planning and implementation of local integration efforts. The strengths that make them extremely powerful change agents include:

- Experience using a public health framework to address substance use concerns;
- Ability to ensure representation of diverse sectors, as it is essential to ensure that integrated healthcare meet the unique needs of all community members;
- Access to a wealth of local data to understand the conditions that contribute to a community's substance abuse issues and knowledge of how and where to access additional data when needed;
- Skill in developing and implementing comprehensive community-wide plans, in collaboration with a variety of community sectors and stakeholders;
- A broad membership of volunteers representing the community's diverse sectors with varied backgrounds, expertise, and community connections.¹

Therefore, coalitions with primary health care sector representatives, who are looking at prevention of substance use from a public health perspective, will be favorably considered in this application.

Applicant selection will depend on compliant and timely submission of the documents as requested in this ITN. Applicants with experience in providing prevention services in Miami-Dade County and with drug-free coalition models, who have partners for services in the community, are looked upon favorably for this ITN because of the expectations to begin services on July 1, 2018.

This solicitation will fund up to \$250,000.00 (total funding), subject to the availability of funds, for at a minimum of two (2) coalitions in Miami-Dade County. Funding

¹ https://www.integration.samhsa.gov/clinical-practice/Coalitions_and_Community_Health_-_Final_-_042313.pdf

allocations are subject to change as result of this solicitation process. At the sole discretion of SFBHN, this funding may be recurring. Renewal of contracts shall be contingent upon the satisfactory performance subject to the monitoring, and evaluations as determined by SFBHN and subject to the availability of funds. Any renewal shall be in writing.

Definitions for terminology in this ITN are found in Appendix A.

B. STATEMENT OF PURPOSE

SFBHN will fund community coalitions focusing on substance abuse prevention and related consequences, with the primary focus and goals as described below:

Community Coalitions focusing on Prevention of substance abuse and related consequences (“Coalitions”): Coalitions are key change makers in substance abuse prevention. Coalitions work with different community sector to effectively develop a comprehensive solution to a communities unique substance abuse and related problems with the goal of achieving sustainable population level reductions in substance abuse rates. This requires the implementation of communitywide strategies to change problem environments, not solely to develop prevention programs that focus on individuals or groups of individuals². SFBHN will fund coalitions based on community data for coalition services. It is expected that the coalition applicant will use a variety of data sources, but must include county and community level data to support their request for the proposed geographic area to be served.

In implementing the comprehensive array of prevention programs, SFBHN, consistent with DCF and SAMHSA-CSAP, uses a variety of strategies including the six strategies listed below. (1) Information Dissemination, (2) Education, (3) Alternatives, (4) Environmental (5) Community-Based Process, (6) Problem Identification and Referral. It is essential that the service provision be coordinated with Coalition activities for this funding. Coalitions will be funded to provide only Environmental Strategies and Community Based Process, and if justified to be part of the integrated strategies of the Coalition, an Information Dissemination component. It is expected that the applicant Coalition collaborate with, at a minimum, the service providers funded by SFBHN in the applicant Coalitions’ community.

Broad definitions for the six strategies, in Appendix B - Helpful Resources, are suggested for this ITN. Current research as additional, supplementing justification for the strategies proposed under each is expected.. Coalitions should propose at least one research based strategy for coalition activities in their application.

C. ELIGIBLE APPLICANTS

SFBHN solicits applications for services from non-profit organizations eligible to conduct

² <http://www.cadca.org/sites/default/files/files/coalitionhandbook102013.pdf>

business in the State of Florida. Eligible applicants must have a physical presence (office, site location, etc.) in Miami Dade County, preferably in the community where the coalition will coordinate coalition activities. Applicants that do not meet the non-profit status and that do not have a physical presence in Miami Dade County will be considered non-responsive to this ITN. Failure to meet these requirements will be considered a fatal flaw and the application will be disqualified and rejected.

D. GEOGRAPHIC AREAS AND TARGET POPULATIONS

Each applicant for coalition must partner with the SFBHN funded providers in the geographical area served. The coalition applicant must identify and partner with service providers that are working in the same geographic area to share data related to the outcomes proposed. The coalition applicant must work closely with the SFBHN funded Evaluation Entity BSRI, to fit the needs of their proposed target population and community based on the identified community's risk and protective factors. In addition, the SFBHN goals **must be** incorporated. The applicants must also show how their Comprehensive Community Action Plans (CCAPs) and Logic Models are consistent with those of the communities to be served and the SFBHN goals.

Target populations considered are children and adults at-risk of substance abuse. For this ITN, children/youth are considered those ages 0 (including pregnant mothers) to 17 years and all others are considered adults. This application focuses on the target population of 0-25. Applicants are expected to explain why the coalition activities proposed will be in demand by the community in the specific geographic area(s) consistent with the information on the geographic area and data to support it, or if there is no demand, how the demand will be created, consistent with the data. The applicant shall use the data from their community's CCAP as well as, the SFBHN goals, and the data from the Prevention Evaluation Report FY 2016-17 (compiled and produced by BSRI).

E. PROGRAM REQUIREMENTS

Through this solicitation, SFBHN's goal is to fund research-supported substance abuse prevention practices that reduce the prevalence and consequences of underage drinking and other substance use/abuse related problem behaviors. The basis for the State's prevention strategy is the Strategic Prevention Framework (SPF), which uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets, build resilience, and prevent problem behaviors across the life span. Applicants are encouraged to review the SFBHN data from the evaluation (Fiscal Year 2016-17) and integrate coalition strategies as appropriate. www.sfhbn.org. The Evaluation entity, Behavioral Science Research Institute (BSRI) uses the SPF – the Strategic Prevention Framework – as the best practice, per SAMHSA and the State of Florida Block Grant.

SFBHN requires that all coalitions funded follow a structured design.

A coalition is defined as a community-based entity for cooperation and collaboration among sectors representative of the community in which the group retains its identity with the common goal of building a safe, healthy, drug-free, and productive community. In this solicitation coalitions are expected to respond how they will effect and sustain community level change through work with leaders within their community using the Strategic Prevention Framework (SPF). Funded coalitions must partner with the SFBHN funded providers in the geographical area served.

In addition to the required SFBHN data collection and integrated work with BSRI, the SFBHN Evaluation Entity, Coalition applicants are expected to conduct the PRIDE survey during the first year of the grant. The timeframes for the completion of the PRIDE survey will be negotiated with the successful applicant. Applicants are encouraged to leverage funding for the implementation of the PRIDE surveys.

PRIDE Surveys' purpose is to help measure student alcohol, tobacco and other drug use through the use of student surveys. The survey measures behavior on many crucial issues that can affect learning, such as family, discipline, safety, activities, gangs, and more. Coalition applicants are expected to conduct PRIDE surveys to gather data in their proposed geographic area and to coordinate with the service providers serving each of the identified schools where the PRIDE survey will be implemented. Cost for the survey process may be included in the proposed budget and addressed in the service component of the application.

To access the PRIDE Survey's please visit: <http://www.pridesurveys.com/>

SFBHN seeks to fund high quality coalitions that integrate with community prevention efforts and currently have formal partnerships in the community, based on a public health model and evidence-based comprehensive strategies that include the entire community. Applicants must include a structured design of activities and outcomes, grounded in evidence informed strategies that work in partnership to leverage prevention efforts for positive community level change.

F. PARTNERSHIPS

Collaboration with other organizations/entities makes possible sharing of resources that adds value to the program/services/strategies. Proposed strategies should build upon established relationships in the community with entities that support a variety of needs for program services and community activities. Coalitions are required to leverage resources to enhance their work. Partnerships must be cooperative and reciprocal; that is, the partnership adds value to the program strategies and outcomes and achieves a level of systems improvement beyond the current standards. Coalitions are required, based on the Strategic Prevention Framework (SPF) and all of the Prevention philosophy, to work together with the community to achieve larger system outcomes based on the planning process and following the principles of integrated care. It is incumbent on the applicant to show the partnerships and how they leverage activities

for community change.

G. PRACTICES EXPECTATIONS AND QUALITY INDICATORS OF FIDELITY IN IMPLEMENTING AND MANAGING PROGRAMS/STRATEGIES

SFBHN promotes effective and quality programming across its continuum of care for the community. Applicants of this solicitation will be evaluated for responses to this solicitation in addressing quality indicators of program success and ensuring fidelity. Each applicant is expected to have a quality assurance and improvement plan and processes through which quality is continually monitored to achieve the organization's planned outcomes. See Helpful Resources, Appendix B, for Quality Indicators of Fidelity in Implementing and Managing Programs/Strategies.

H. PERFORMANCE MEASURES

Performance accountability requires collecting ongoing measures of progress on the quantity and quality of service/strategy efforts and effects. Data on participants will have to be submitted at a minimum, monthly. Applicants are to determine performance measures and outcome measures based on, and consistent with, the SFBHN Prevention System of Care goals (found at www.sfbhn.org), the SFBHN Prevention Evaluation Team – Behavioral Science Research Institute (contact information in the Helpful Resources), and data collection in the state Performance Based Prevention System/PBPS (Collaborate and Grow System www.collaborateandgrow.com).

In addition, and consistent with the State of Florida Department of Children and Families, the minimum acceptable performance measures for any contract resulting from this solicitation must include the:

1. One hundred percent (100%) of all data requested shall be accurately entered into the State Data System and/or the SFBHN data system and/or an Evaluation data system;
2. Ninety-five percent (95%) of data submissions shall be provided as scheduled.

Payment will be contingent on timely, complete, and correct data entry and data reports.

SFBHN will negotiate higher minimum acceptable performance standards for the above performance measures and/or additional performance measures in any contract resulting from this solicitation.

I. DATA REPORTING

The successful applicant(s) shall submit data electronically, with the required data

elements, to the identified State system, currently the Performance Based Prevention System (PBPS) and/or the SFBHN named system, no later than the 4th day of the month following service provision, and/or as stated in the contract and required by SFBHN. Payment for services will be based on timely, complete, and correct monthly data submission. The reports produced by the data system are the official records of units of service delivered and overall program performances unless another (or others) is (are) defined by SFBHN.

The successful applicant(s) will be required to work with the SFBHN funded evaluation entity, Behavioral Science Research Institute (BSRI) and will be required to enter data into the BSRI data system in addition to the PBPS data system.

J. CAPACITY IN THE PREVENTION SYSTEM – STAFF AND WORKFORCE DEVELOPMENT

SFBHN promotes workforce development activities consistent with the State Block Grant requirements and its partners, including but not limited to, the Department of Children and Families, the Florida Certification Board, the Florida for Community Mental Health Care/Behavioral Health Council, and the Florida Alcohol and Drug Abuse Association (FADAA). SFBHN holds high standards of professional qualification.

K. ADDITIONAL APPLICATION INFORMATION

By signing the required Applicant Cover Page, Appendix C, the applicant agrees that this ITN is binding for a period of 90 days. An applicant can remove their response to the ITN prior to the opening date listed in Section II., Schedule of Activities and Important Timelines section by submitting a letter stating their desire to remove the application, signed by the same individual who signed the original Applicant Cover Page, Appendix C. In the event of an applicant hardship, SFBHN at its sole discretion may allow an applicant to remove an application after the opening date listed in the Schedule of Activities, but is under no obligation to do so.

Funding is subject to availability and at the sole discretion of SFBHN. SFBHN will select providers in an open and fair competitive environment, allowing all eligible applicants to have the same opportunity to apply for funding. If specific geographic areas/communities/target populations are not covered by the applications based on data and need for coalitions, SFBHN at its sole discretion, negotiate with an applicant of a lower score to ensure the distribution of services are in the best interest of the community and SFBHN.

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

L. OVERVIEW OF FUNDING OPPORTUNITY

1. Substance Abuse Prevention and Treatment Block Grant

Federal regulations that apply to the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) require the state of Florida to spend at least 20% of the award on services for individuals who do not require treatment for substance abuse. This entails the implementation of a comprehensive primary prevention system which includes a broad array of prevention strategies directed *at individuals not identified to be in need of treatment*, consistent with the SAMHSA continuum of care (see Helpful Resources, Appendix B). SFBHN will consider funding applications that address a variety of concomitant factors related to primary prevention and the promotion of well-being. Primary prevention programs may include activities and services provided in a variety of settings for both the general population (coalitions) and targeted sub-groups (services) who are at high risk for substance abuse.³

All funded applicants are expected to coordinate services with the State's Prevention Partnership Grant (PPG) funded providers to create a continuum of services that will not be duplicative or overlap in the communities, schools, or other locations of service provision. For more information on the FY 2015-2018 Prevention Partnership Grant (PPG) go to: <http://www.myflfamilies.com/service-programs/substance-abuse/prevention-partnership-grants/Prevention-Partnership-Grant-2015-2018>

2. Anticipated funding amounts

This ITN may will be for approximately **\$250,000.00** total funding (*this amount is subject to change as result of this solicitation process*), subject to the availability of funds, for a minimum two (2) coalitions. in Miami-Dade County.

It is the sole discretion of SFBHN to fund a coalition at a different amount than that noted above.

This funding will not fund expenses in any form for drug testing, Mental Health First Aid, or Community Intervention Training (CIT).

M. TERM OF CONTRACT

The anticipated start date of the any resulting contract is anticipated to be July 1, 2018 and end on June 30, 2019. The contract may be renewed annually for a period not to exceed a projected end date of June 30, 2022, or as determined by SFBHN; subject to the availability of funds. Renewals shall be contingent upon satisfactory performance, monitoring, and evaluations as determined by SFBHN, subject to the

³ 45 C.F.R. pt. 96, sub. L.

availability of funds. Any renewal shall be in writing.

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

SECTION II: GENERAL PROCESS AND APPLICATION INSTRUCTIONS

A. PROCUREMENT MANAGER

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

Jessica Rodriguez, SFBHN Procurement Manager

7205 Corporate Center Drive – Suite 200

Miami, Florida 33126

(305) 858 -3335

E-mail: jrodriguez@sfbhn.org

B. INQUIRIES

All inquiries from applicants shall be submitted in writing, via email only, to the Procurement Manager (s) listed above and received on or before the date according to the dates and times specified in Section II. Schedule of Activities and Important Timelines. Phone calls and faxes are not permitted. The subject line must state: **SFBHN PROCUREMENT ITN #010 PREVENTION – INQUIRY** and the e-mail must include the name of the entity inquiring, name of individual, contact information with email address and phone number. The salutation of the email must state the name of Jessica Rodriguez. The question (s) must be clear and the content related to the ITN. All written inquiries shall be sent to:

ATTENTION: Jessica Rodriguez, SFBHN Procurement Manager

E-mail: jrodriguez@sfbhn.org

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

SFBHN will not extend the deadline due to technical glitches. Applicants are encouraged to submit their inquiries at least 48 hours in advance of the deadline in order to avoid any such complications.

C. RESPONSES TO INQUIRIES

Copies of the responses to all inquiries and clarifications and/or additional information from the questions will be made available through electronic posting on the SFBHN website: www.sfbhn.org as specified in Section II. Schedule of Activities. Other information as updated will be posted in the form of addenda on the SFBHN website.

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

D. CONE OF SILENCE

The Cone of Silence prohibits direct communication regarding this procurement between applicants and applicant's representatives, and certain SFBHN staff and Board of Director members during the period in which the Cone of Silence is in effect. Applicants shall limit their contact regarding this bid to the Procurement Manager listed in Section II.A, Procurement Manager. The Cone of Silence begins the date and time that this solicitation is released, as per Section II., Schedule of Activities, and shall remain in effect until an award is made, a contract is approved, or SFBHN takes any other action which ends the bid process. If the Cone of Silence is breached, SFBHN, at its sole discretion, may disqualify the applicant. The Cone of Silence only relates to this procurement. For regular day to day transactions, network providers may continue to communicate with SFBHN staff.

E. VENDOR SOLICITATION CONFERENCE

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

F. POSTING

All notices, decisions, intended decisions, and other matters related to this solicitation will be electronically posted on the SFBHN website located at www.sfbhn.org.

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

G. FORMAT AND INSTRUCTIONS

1. Applications must be submitted in the following format: Typed, single-spaced, on 8.5 x 11 paper, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font. Pages must be numbered in a logical, consistent fashion. The sole exceptions are the Budget Forms (refer to Section III. H.) , which may be submitted on 8.5 x 14 paper. Utilizing a format not consistent with this will constitute a fatal flaw and the application will be disqualified and rejected. **DO NOT EXCEED THE PAGE LIMIT FOR EACH SECTION.**
2. Responses should be thorough and address all components of this ITN. The page limitation requirements are listed in Section III, paragraph's A – H, and are recommendations, however, the total number of pages allowed for the narrative components shall not exceed fourteen (14) pages. Exceeding the total number of pages in the narrative will constitute a fatal flaw and the application will be disqualified and rejected. The page limitations exclude the Table of Content, budgets (may use legal size paper), timelines, copies of licenses/certifications, job descriptions, required documents and any other supporting documentation you submit as part of the application as referenced in your narrative response.
3. Required Attachments must be included per instructions in each section and labeled accordingly. The required attachments do not have a page limit (see Section II., Q., **MANDATORY REQUIREMENTS** of this solicitation). These attachments must be listed in the Table of Content.
4. Budgets, timelines, job descriptions, copies of licenses/certifications, and any other supporting documentation referenced in the narrative responses must be listed in the Table of Content and numbered accordingly.

H. SUBMISSION OF THE APPLICATION AND PROCESS

1. All applications are to be submitted at the SFBHN office located at 7205 Corporate Center Drive, Suite 200, Miami, FL 33126 by the date and time as specified in Section III., Schedule of Activities. The Procurement Manager will have a SFBHN representative date and time stamp the envelope of each application in the presence of the individual submitting the application. A receipt will be provided to the individual for verification. Applications received after the date and time as specified in Section III., Schedule of Activities will be deemed to have a fatal flaw and the application will be disqualified. SFBHN shall retain the Original and return the copies. Applications must be submitted by the deadline set forth in the Schedule of Activities. Applicants are encouraged to submit in advance of the due date.

2. One (1) ORIGINAL application, FIVE (5) copies of the application, and an electronic copy of the application are required to be submitted. The applications must be organized in individual binders. In addition, a complete electronic version of the response to the application, formatted the same as the original application, must be submitted in Word, Excel, and/or PDF on a USB drive (preferred) or CD in the original envelope. Not submitting the application as stated above will be deemed a fatal flaw and the application will be disqualified and rejected.
3. The electronic copy and the five (5) copies must be identical to the original application submitted, including the format, sequence, and section headings identified in this ITN. The electronic media must be clearly labeled in the same manner as the original application. If a discrepancy is found between the original hard copy application, the five (5) hard copies and/or the electronic version, SFBHN reserves the right, at its sole discretion, to reject the entire application.
4. The ORIGINAL and the electronic copy of the application must be sealed separately from the FIVE (5) copies and clearly marked as the ORIGINAL and a properly completed and signed Applicant Cover Page, Appendix C. The FIVE (5) copies must be organized in the same manner as the binder containing the ORIGINAL application and marked COPY on the front of the Applicant Cover Page.
5. The Cover Page with an original signature, as shown in Appendix C, must be accompanied with the original application and all the copies and must properly completed. Applications submitted without a Cover Page will automatically be considered a fatal flaw and the application will be disqualified and rejected.
6. Table of Content must be included with the application. Failure to include a Table of Content with the application will automatically be considered a fatal flaw and the application will be disqualified and rejected.
7. Mandatory Non-Binding Letter of Intent: Applications must include a copy of the required non-binding Letter of Intent. This letter does not imply that the applicant must apply but it is a requirement to consider the application in the review process and will be considered a fatal flaw. A copy of the e-mail confirmation of receipt of the Letter of Intent by the Procurement Manager must be included in application. It is the responsibility of the prospective applicant to ensure that the letter was electronically submitted and received by SFBHN.

The application(s) must be delivered to SFBHN between 9:00 AM and 4:00 PM on or by the dates and time specified in Section II. Schedule of Activities.

**ATTENTION: Jessica Rodriguez, SFBHN Procurement Manager
7205 Corporate Center Drive – Suite 200
Miami, Florida 33126**

I. ACCEPTANCE/REJECTION OF APPLICATIONS

1. Application Deadline

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

2. Receipt Statement

A confirmation receipt of the application will be provided to the individual who delivers the application package by the Procurement Manager or by the designated SFBHN representative. Proposals received after the deadline will be considered a fatal flaw and the application will be disqualified and rejected. It is the sole responsibility of the applicant to ensure that the proposal was received on time by the Procurement Manager or by the designated representative.

3. Right to Reject or to Waive Minor Irregularities Statement

At its sole discretion, SFBHN reserves the right to reject any and all applications received with respect to this bid at any time even after an award. Applications not received at either the specified place, or by the specified date and time, or with the required documents not submitted as outlined in this ITN, or any combination thereof will be considered a fatal flaw and the application will be disqualified and rejected. In that case SFBHN will retain the original application, the CD or flash drive and return the FIVE (5) copies to the applicant.

SFBHN may, at its sole discretion, reject any and all or parts of any and all responses even after awarded; accept parts of any and all responses; further negotiate project scope (s) and budget (s); postpone or cancel at any time (even after an award) this ITN

process; or waive minor irregularities in this ITN or responses received as a result of this process. SFBHN reserves the right to request and evaluate additional information from any applicant after the submission deadline as SFBHN deems necessary.

4. Request Additional Information

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

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

J. APPLICANT DISQUALIFICATION – SFBHN CONTRACTED AGENCIES

In addition to other criteria set forth in this solicitation, failure of the applicant, or declared partners in this solicitation response, to have performed any previous contractual obligations with SFBHN in a manner unsatisfactory to SFBHN will be sufficient cause for disqualification or termination. It is the responsibility of the applicant to note any issues related to contractual obligations with SFBHN to identify those issues. To be disqualified as an applicant under this provision, the applicant must have:

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

K. APPLICATION REVIEW PROCESS

Each application will be reviewed to determine if it is responsive to this solicitation and the most advantageous to SFBHN, the community, and its consumers. All eligible applications will be processed through a three step review after the required non-binding letter of intent is received:

1. **Phase I: Technical Review** – The evaluation procedure for this ITN is divided into a two-step process. In Phase I (Technical Review), the Procurement

Manager in conjunction with other SFBHN staff will review all applications for compliance with all of the requirements. The documents to be reviewed during the Technical Review phase are listed in Appendix E, Mandatory Requirements Checklist for Fatal Flaw and Technical Review.

2. **Phase II: Substantive Review** - Applications that meet all of the fatal criteria requirements will move to Phase II (Substantive Review) of the process, the review of the application by the evaluation team (reviewers).

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

3. **Phase III: President and CEO Review and recommendation for funding** – In addition to the review score, applicants addressing such factors as geographic funding areas, target populations/subpopulations, partnerships, past performance, and other criteria set forth in the solicitation will receive additional consideration. Based on the scores, additional considerations and negotiations, the President/CEO will make a recommendation to the SFBHN Board of Directors /Executive Committee of the Board (designee) to approve entering into negotiation with the selected applicant.

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

L. EVALUATION AND RANKING OF APPLICATIONS

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

A numerical rating point system will not be used to rank the applications. Reviewers will be instructed to recommend applications for funding by answering "Yes" or "No". Applications recommended for funding will be ranked by the reviewers in order of precedence beginning with the application deemed most likely to succeed. At the

debriefing meeting, the reviewers will be asked to reach a consensus and provide the applications/proposals recommended for funding by rank order in order of precedence beginning with the application/proposal deemed most likely to succeed. Reviewers may recommend more than one application for funding. The recommendations will be based on the merits of each application.

If during the debriefing meeting the reviewers are unable to reach a consensus or they have questions that need clarification before a decision for funding can be made, the reviewers will have the option to (1) request additional clarifications from applicants in order to better understand key elements of the proposed project and/or (2) request a formal presentation by the applicant.

Once the reviewers reach a consensus, a list with the ranking of the applications, a summary of each application's strengths and weaknesses, and reviewer feedback will be presented to SFBHN's President/CEO for consideration.

M. SELECTION OF QUALIFIED APPLICANTS FOR NEGOTIATION

The reviewers will present their recommendations to the President/CEO. The President/CEO will make the final recommendation for funding based on reviewer's ranking and including but not limited to, geographic distribution of services, what is the most advantageous to the community, the individuals served, past performance of the applicant, and the demonstrated ability to achieve the desired goals and outcomes as described the applicant's responses. The President and CEO will then present the final recommendations to the Board of Director for their acceptance, alteration, or rejection, as necessary.

N. NOTICE OF CONTRACT AWARD

The resulting contracts shall be awarded to the responsible and responsive qualified applicants whose applications are determined to be the most advantageous to SFBHN and its consumers, taking into consideration the price, geographic distribution of services, and the other criteria set forth in this solicitation document.

O. PROTESTS, APPEALS, AND DISPUTES

Protests, appeals, and disputes are limited to procedural grounds.

Protests, appeals, and/or disputes will not be entertained during the Technical Review, Mandatory Requirement process that determines sufficiency to enter into contract with SFBHN.

SFBHN provides a process for protests, appeals, or disputes related to solicitations.

An applicant may file a notice of appeal/protest/dispute with SFBHN pursuant to this solicitation. With respect to a protest, appeal, or dispute of the terms,

conditions, or specifications contained in this solicitation, including any provisions governing the methods for ranking bids, proposals, or replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract, the notice of protest shall be filed in writing within 72 hours (Saturdays, Sundays, and SFBHN holidays excluded) after the posting of the solicitation. The formal written protest shall be filed within ten (10) days after filing the notice of protest. The ten (10) day period includes Saturdays, Sundays, and state holidays, as designated in section 110.117, F.S.

(c) If the last day of the 10 day period is a Saturday, Sunday, or state holiday, as designated in section 110.117, F.S., the period shall run until the end of the next day which is neither a Saturday, Sunday, nor state holiday, as designated in section 110.117, F.S.

(d) Failure to file a protest within the time prescribed shall constitute a waiver of proceedings under Chapter 120, F.S.

The formal protest must be filed with the **Procurement Manager, Jessica Rodriguez**.

Protests, appeals, or disputes must comply with the SFBHN Policy and Procedure, posted on the SFBHN website, www.sfbhn.org.

P. CONFLICT OF INTEREST

All applicants must disclose if a SFBHN Board Member or SFBHN staff has any interest, directly or indirectly, in the applicant's business.

The State conflict of interest laws apply to this solicitation and its contracts. These laws may be viewed at www.ethics.state.fl.us.

Employees of SFBHN cannot participate in any way, or be involved with, the development of any response to a solicitation authorized for funding by SFBHN.

The SFBHN Conflict of Interest Policy is posted on the SFBHN website, www.sfbhn.org.

Q. MANDATORY REQUIREMENTS

1. A mandatory non-binding letter of intent to submit an application must be received by the specific date and time as in the Section II. Schedule of Activities in order to continue to Step 2. This letter should be submitted to jrodriguez@sfbhn.org. The Procurement Manager will send email receipt to the applicant, to the email address that it was sent from, confirming receipt of the letter. It is the responsibility of the prospective applicant to ensure that the letter was electronically submitted and received by SFBHN.

- a. This letter is non-binding and will not require that the applicant submit an

application for this ITN. However, this letter is required for any applicant to be considered for funding through this solicitation. The letter should state:

- The name of the organization that is applying with appropriate identifying information: address, telephone number, a contact email address, website address, name of President/CEO/Executive Director, tax ID information, signed by an individual approved to conduct business with SFBHN, on the organization letterhead.
- The described intent to submit an application.

2. DOCUMENTS VERIFYING ELIGIBILITY – TECHNICAL REVIEW

Label the documents according to the letter for each below:

- a. Submission of a properly completed and signed Applicant Cover Page, Appendix C, by the authorized signatory.
- b. Statement of Mandatory Assurances, Appendix D.
- c. A copy of the approved notification from the SFBHN website notice that the non-binding REQUIRED Letter of Intent with the organization's statement of intention to submit an application for this solicitation was received as specified in this solicitation.
- d. An agency Organizational Chart (Table of Organization) with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding.
- e. Copy of the board of director's resolution, signed by the Chairperson of the Board, granting authority to complete and sign the application and negotiate and sign a contract, should it be awarded.
- f. Copy of the 501(c)(3) letter from the IRS showing the agency's tax exempt status unless the applicant is a governmental entity, quasi-governmental entity, or a public school system.
- g. Proof of registration as a charitable organization with the Florida Department of Agriculture and Consumer Services.
- h. Copy of last filed Annual Report and Copy of current Certificate of Status from the Florida Department of State Division of Corporations.
- i. Copy of the most recent annual financial statement audit performed by a Certified Public Accounting (CPA) firm that is licensed and registered with the

Florida Department of Business and Professional Regulation to conduct business in Florida. If an audit is not applicable, submission of the most recent financial statements for the agency's most recent fiscal year prepared by the agency and approved by the board of directors. These statements must be in conformance with generally accepted accounting principles (GAAP) and standards contained in Government Auditing Standards issued by the Comptroller General of the United States. Applicant organizations with an audit will be scored more favorably.

- j. For agencies that withhold income taxes, social security tax, or Medicare tax: attestation indicating that the 941 has been filed timely and any taxes due have been paid timely to the IRS was submitted, submitted on the agency's letterhead and signed by the CEO/Executive Director.
- k. For agencies that do not withhold income taxes, social security tax, or Medicare tax: submit a copy of the most recent 1096.
- l. A complete agency budget, inclusive of all sources of funding (References to budget documents and instructions are found in Section III, paragraph H).
- m. Proof of successful past performance of the applicants with funders as indicated in monitoring reports and program audits for the last two (2) years and submitted with the application and based on the agency budget. A list of funders, consistent with the agency budget, must be submitted with concurrent and referenced monitoring/audit reports. If there are none or there is no evidence of past performance, then the applicant should explain why not; and, assume, in the absence of such explanation, that SFBHN will not consider the application.
- n. Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contracts/Subcontracts – Appendix F
- o. Coalition A: Current, dated coalition MOUs (not more than 12 months old from the date of the application) from each of the twelve (12) sector members as described in this ITN and as in the list below:
 - a) Twelve (12) Sectors: The coalition must consist **of one or more representatives from each of the following required 12 sectors.**
 - 1) Youth/ Young Adult – age 20 or younger
 - 2) Parent
 - 3) Business
 - 4) Media
 - 5) School
 - 6) Youth serving organization
 - 7) Law enforcement
 - 8) Religious or fraternal organization
 - 9) Civic or volunteer group

- 10) Healthcare professional
- 11) State, local or tribal government agency with expertise in the field of substance abuse
- 12) Other organization involved in reducing substance abuse

Note: a member may not represent more than one sector. Each sector representative must be affiliated with the organization or entity it is representing in that program area.

- p. Coalition B: Coalition's mission and vision statements.
- q. Coalition C: Proof that the coalition has been in existence and the number of months/years. If the applicant is using a fiscal agent, the fiscal agent must meet all criteria as specified in this solicitation. The fiscal agent must have the capacity and experience to manage a coalition as described in this solicitation.
- r. Coalition D: Any documents related to the Coalition's Needs Assessment. And/or the Coalition's Comprehensive Community Action Plan (CCAP) that guides the work of the coalition.
- s. Coalition E: Any work the Coalition has completed towards the Logic Model and/or the Completed Logic Model(s) of the coalition showing problem statement, strategies, activities, and outcomes.

An appeal may only challenge a procedural matter related to the competitive procurement. **An appeal may not challenge the results of the evaluation criteria by SFBHN in the Technical Review process with the Mandatory Requirements** as stated in this solicitation. The Technical Review process determines sufficiency to enter into contract with SFBHN and errors in procedural due process, errors in mathematical calculations, or omissions to score sections by the ranking team and not for the sufficiency of requirements.

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R. SCHEDULE OF ACTIVITIES

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

| ACTIVITY | DATE | TIME | INFORMATION |
|--|-------------------------|--------------------------------------|---|
| Solicitation released on SFBHN website | 01/24/2018 | By 5:00 P.M. [EST] | Posting on South Florida Behavioral Health Network website: www.sfbhn.org |
| All written inquires due to SFBHN | 02/09/2018 | By 12:00 P.M. [EST] | Attn: Jessica Rodriguez, South Florida Behavioral Health Network Procurement Manager Subject Line: ITN #010 – Community Anti-Drug Coalition Services – Written Inquiries |
| Posting of responses to written inquires | 02/14/2018 | By 5:00 P.M. [EST] | Posted on the South Florida Behavioral Health Network website: www.sfbhn.org |
| Mandatory Non-binding letter of intent due | 02/15/2018 | By 4:00 PM [EST] | E-mailed to: jrodriguez@sfbhn.org It is the applicant's responsibility to ensure delivery and receipt of the letter. Subject Line: ITN #010 – Community Anti-Drug Coalition Services - Mandatory Non-Binding Letter of Intent |
| Sealed applications for those with required letter of intent must be received by SFBHN | 03/13/2018 | Between 9:00 A.M. to 4:00 P.M. [EST] | Attn: Jessica Rodriguez, South Florida Behavioral Health Network Procurement Manager (or designee) at SFBHN Office 7205 Corporate Center Drive, Suite 200 Miami, FL 33126 |
| Opportunity to Cure – Submission of Documents | 03/14/2018 – 03/16/2018 | By 12:00 P.M. [EST] | Attn: Jessica Rodriguez, South Florida Behavioral Health Network Procurement Manager (or designee) at SFBHN Office 7205 Corporate Center Drive, Suite 200 Miami, FL 33126 |
| Evaluation Review Team Initial Meeting and Instruction and training of Review Team | 03/22/2018 | 2:00 P.M. [EST] | South Florida Behavioral Health Network 7205 Corporate Center Drive, Suite 200, Miami, FL 33126 |

| | | | |
|--|------------|--------------------|--|
| Debriefing Meeting of the application evaluators and ranking of the applications | 04/03/2018 | 10:00 A.M. [EST] | South Florida Behavioral Health Network 7205 Corporate Center Drive, Suite 200, Miami, FL 33126 |
| Posting of Intent to Negotiate | 04/10/2018 | By 5:00 P.M. [EST] | Posted on South Florida Behavioral Health Network's website: www.sfbhn.org |
| Negotiations begin | 04/16/2018 | As scheduled | South Florida Behavioral Health Network Offices 7205 Corporate Center Drive, Suite 200 Miami, FL 33126 |
| Anticipated posting of intended Contract Award (s) | 05/01/2018 | By 5:00 P.M.[EST] | Posted on South Florida Behavioral Health Network's website: www.sfbhn.org |
| Anticipated effective date of contract | 07/01/2018 | | N/A |

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APPLICATION INFORMATION AND APPLICATION NARRATIVE RESPONSE – COMMUNITY COALITIONS

SECTION III: COALITION – APPLICATION INFORMATION AND NARRATIVE RESPONSE

As defined in this solicitation, applicants in this category fall under the following strategies: Information Dissemination, Environmental Strategies, and Community-Based Process. Maximum dollar request for all coalitions being funded is approximately **\$250,000.00**, subject to the on availability of funding. The funding will be distributed with no more than \$125,000.00 per coalition per year and justified by the budget. SFBHN may negotiate a different amount based on community need and Scope of Work.

A **coalition** is defined as a community-based entity for cooperation and collaboration among sectors representative of the community in which the group retains its identity with the common goal of building a safe, healthy, drug-free, and productive community. In this solicitation coalitions are expected to respond how they will **effect and sustain community level change** through work with leaders within their community using the Strategic Prevention Framework (SPF). SFBHN seeks coalitions that will implement the SPF and environmental strategies as a component of their comprehensive efforts to reduce underage drinking, prevent and/or reduce the use of marijuana, and prevent and/or reduce the misuse of over the counter medication and/or prescription medication, and related mental health and wellness promotion activities consistent with the Comprehensive Community Action Plans. Applicants/coalitions may be awarded only one contract at a time through the SFBHN funding.

Community coalitions are local partnerships between multiple sectors of the community that respond to community conditions by developing and implementing comprehensive plans that lead to **measurable, population-level** reductions in drug use and related problems.

SFBHN will not fund two coalitions that serve the same zip code(s) or overlapping geographic areas. Applicants are required to obtain geographical data...

Requirements for coalition applicants in this solicitation:

1. **Non-profit organization:** Coalition applicants must be a legally recognized domestic public or private nonprofit entity with a financial management system and standards that conforms to federal standards or must have a viable fiscal agent that meets all contractual requirements for SFBHN. Copies of the most recent independent financial and compliance audit reports must be submitted as described in the Section II., Q., Mandatory Requirements, of this solicitation. If there is a fiscal agent arrangement, it must be clearly in place with a concrete plan explaining how the coalition will become obtain a non-profit status in less than twelve (12) months. The fiscal agent must meet all of the requirements of

the solicitation to enter into contract. In addition, the fiscal agent relationship must meet the criteria as specified in B. NARRATIVE

SECTION 1, Coalition History and Coalition Member Involvement. The operating structure of the coalition must be clear and defined in relation to the fiscal agent. In addition, the fiscal agent must have a fiduciary responsibility only. The governance and decision making of the coalition must be independent of the fiscal agent. The communication with SFBHN will be the responsibility of the coalition. Policies and procedures regarding the fiscal agent relationship must be in place and submitted for review and approval to SFBHN prior to contract award.

2. **Mission Statement:** The coalition must have as its principal mission the prevention/reduction of youth substance use, which, at a minimum, includes the use and abuse of drugs in a comprehensive and long-term manner, with a primary focus on youth in the community. In addition, a wellness promotion philosophy that supports this focus is optimum.
3. **Twelve Month Existence:** The coalition must demonstrate that members have worked together on substance abuse reduction initiatives for a period of **not less than twelve (12 months)**. The coalition must also demonstrate substantial participation from volunteer leaders in the community.
4. **Community Definition:** Coalitions should define the geographic area in which the coalition will have the ability to effect change. Information should identify the community they propose to serve by geographic boundaries including neighborhoods, census tracts, zip codes, and school districts, as well as township or county lines. In this solicitation areas/communities/neighborhoods selected must have populations of 100,000 to 500,000 residents and preferably are intact municipalities, townships, or "cities" to better effect necessary change.
5. **Utilization of the Strategic Prevention Framework (SPF) as the Coalition's Way of Work:** The SPF promotes a public health model along with a systems approach to substance abuse prevention and the promotion of wellness. It addresses substance abuse and mental health issues across the life span. The SPF consists of five stages: assessment of needs; ability to build capacity to address those needs; plan strategically; implement effective programs, policies and practices to address needs; and evaluate efforts for outcomes while valuing sustainability and cultural competence as integral to the SPF process.
6. **Multiple Drugs of Abuse:** The coalition must have a developed, or be in the process of developing, their Comprehensive Community Action Plan (CCAP) and Logic Model supported by local data to reduce substance use among youth and promote wellness. If a coalition is in the process of completing the CCAP and Logic Model, SFBHN will consider other requirements in this solicitation in addition to this requirement to determine the stage of development. Provide community data to support the request and how the coalition arrived at its plans.

7. **12 Sectors:** The coalition must consist of one or more representatives from each of the following required 12 sectors.
- 1) Youth – age 18 or younger
 - 2) Parent
 - 3) Business
 - 4) Media
 - 5) School
 - 6) Youth serving organization
 - 7) Law enforcement
 - 8) Religious or fraternal organization
 - 9) Civic or volunteer group
 - 10) Healthcare professional
 - 11) State, local or tribal government agency with expertise in the field of substance abuse
 - 12) Other organization involved in reducing substance abuse

Note: a member may not represent more than one sector.

8. **Evaluation Requirement:** The coalition must have a defined plan to work with the SFBHN Prevention Evaluation entity, led by Behavioral Science Research Institute (BSRI), to create a comprehensive approach to evaluation using a system to measure and report outcomes for the stated outcomes in the CCAP and Logic Model and using the SPF and consistent with the SFBHN Prevention goals and outcomes for the Prevention System of Care.
9. **Certification:** Should the State of Florida determine coalition certification is a requirement, all SFBHN funded coalitions will have to comply with the DCF State requirements for coalition certification.

Definitions for terminology in this solicitation are found in Appendix A.

DO NOT EXCEED THE PAGE LIMIT FOR EACH SECTION.

A. TABLE OF CONTENTS (1 page limit)

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

B. NARRATIVE (total 4 pages)

1. Coalition History and Coalition Member Involvement (up to 4 pages)

- a. Describe the history of the coalition and how it currently operates to prevent youth substance use and related concomitant issues in the community the coalition serves.
- b. Describe the coalition's accomplishments in developing a viable coalition.

- The coalition must have been in existence for 12 months as a coalition.
- c. Describe the leadership structure of the coalition (i.e. roles and responsibilities, workgroups, coalition by-laws, etc.)
 - d. Describe how each of the 12 sector members best represent the assigned sector.
 - e. Describe how the coalition will increase its capacity through the recruitment of new key stakeholder members for task forces and committees to expand the work.
 - f. Describe how the coalition will retain members to increase its ability to meet its objectives.
 - g. If there is a fiscal agent arrangement, it must be clearly in described with a concrete plan explaining how the coalition will obtain a non-profit status in less than twelve (12) months. The fiscal agent must meet all of the requirements of the solicitation to enter into contract with SFBHN. The operating structure of the coalition must be clear and defined in relation to the fiscal agent. In addition, the fiscal agent must have a fiduciary responsibility only. The governance and decision making of the coalition must be independent of the fiscal agent based on the coalition structure with the twelve sectors. The communication with SFBHN will be the responsibility of the coalition. Policies and procedures regarding the fiscal agent relationship must be in place and submitted for review and approval to SFBHN prior to contract award. It will be the discretion of SFBHN to approve the policies and procedures. Should the policies and procedures not be approved, SFBHN may, at its sole discretion, not fund the coalition. This is not subject to appeal in this solicitation. Attach the contract between the fiscal agent and the coalition must be included in the application. A MOU or letter of agreement will not be accepted.
 - h. The applicant must describe strategies for strengthening the internal capacity of the coalition to do its work. Describe how the coalition obtains technical assistance and training for continued development.
 - i. Describe how advocacy strategies will be leveraged and how the coalition members plan to participate to “spread the messages” throughout the state. Describe the education strategies that will inform the legislature, local leaders, and others. In this solicitation coalitions are expected to respond how they will effect and sustain community level change through work with leaders within their community using the Strategic Prevention Framework (SPF). Describe how the coalition will implement the SPF and environmental strategies to that end.
 - j. Describe how the coalition will partner with other coalitions outside the Southern Region (Miami-Dade and Monroe counties).
 - k. Explain the agency’s internal control structure to demonstrate ability to manage an SFBHN contract, should it be awarded.

2. Staffing (total 2 pages, 1 page for the Organizational Chart (Table of Organization) and 1 page for the Staffing Chart)

Describe the staffing and organizational requirements to properly implement this program or strategy as described in the EBP, developer's manual or guidance, or the previously referenced scientific literature and then describe the staffing and organization of this program or strategy.

a. Organizational Chart (Table of Organization) (1 page)

Include the coalition’s Organizational Chart. The Organizational Chart should display the relationship between the coalition, its subcommittees, and the applicant/legal entity, as applicable.

b. Staffing Chart (1 page)

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

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

c. Job Descriptions and Resumes (attachments – no page limit consistent with the program services)

Include a resume if the individual has been identified for a particular position and accurately note the job title, consistent with the Staffing Table and the Budget. The resumes (no longer than two pages) should be current and updated. If the person is not identified include the job description. Job descriptions should include the minimum educational and experience qualifications and a brief narrative description of their roles and responsibilities and knowledge and skills necessary to carry out their roles and responsibilities.

C. COMMUNITY (1 page)

Describe the community the applicant coalition intends to serve, describing the context in which the coalition will operate, including zip codes or other geographical boundaries, if applicable. In this solicitation areas/communities/neighborhoods selected must have populations of 100,000 to 500,000 residents (defined as people who live in the community by the US Census) and/or are preferably intact municipalities, townships, or “cities” to better effect necessary change.

1. Describe the community, including demographics and aspects of diversity such as age, race, ethnicity, gender, socioeconomic status, culture, religion, and sexual orientation.
2. Describe what it is like to live and work in the community.
3. Provide a historical perspective focusing on shifts or events that have had an impact on youth substance use in the community.
4. Provide data to support statements, including local data if available.

D. STATEMENT OF THE PROBLEM (1 page)

What are the current substance use or other concomitant problems in the identified community to be served?

1. Describe the youth substance use problems and any other prioritized issues in the coalition's CCAP and Logic Model and in the SFBHN goals and outcomes in the identified community.
2. Describe the unique local conditions that contribute to these problems.
3. State the minimum of two substances or related, concomitant issues that coalition will be addressing and describe the specific issues related to those substances that will be addressed. Refer to the SFBHN Goals and Outcomes related to substances.
4. How will the Strategic Prevention Framework (SPF) steps be implemented?
5. Describe the EBP Environmental Strategies that will be implemented to affect community level change consistent with the coalition's CCAP and or SFBHN's goals and outcomes.
6. Describe how the program and staff proposes to work with the Evaluation entity, BSRI.

E. COALITION 12 SECTORS (2 pages)

1. Describe the existing or proposed structures that support the work of the coalition and the processes necessary to support its work.

Applicants must address:

- a. **Status of participation and retention** of key stakeholders; structure of the board, committees, and/or task forces, including best practices for the twelve (12) sector representation.
- b. **Sector Table (2 pages):** The coalition must include one member from each of the twelve (12) required sectors. For the purposes of the SFBHN eligibility criteria, an individual coalition member may not represent more than one of the 12 sectors. Each coalition must provide the name of one representative for each sector, the organization that person represents (if applicable for that sector component), and his/her role in the organization.

In completing the Sector Table and MOUs it is important to provide the individuals that demonstrate the greatest likelihood of leveraging resources, including other members of his/her sector. For example, getting a school teacher to represent the School sector is sufficient, but the individual who is the policymaker in the school district, such as the School Superintendent or School Board Member is key in assisting in goal attainment. In addition, the sector representative must represent the sector for the coalition at his/her organization or entity. The only individuals that cannot be listed on the Sector

Table are those who will be paid through this funding should it be awarded.

- c. Twelve Member Sector Table: Complete the table below in as much detail as possible. **Attach the completed chart and label accordingly as an attachment in the application response.**

Remainder of page left blank intentionally

| Sector | Sector Member Name <i>(first and last name)</i> | Organization Name and Role in Organization <i>(full name of organization and individual's role)</i> | Specific Contribution to Coalition <i>(describe active participation in coalition specific to the member)</i> | MOU Attached <i>(Note by checking)</i> |
|--|--|--|--|---|
| Youth (an individual 18 or younger) | | | | |
| Parent | | | | |
| Business | | | | |
| Media | | | | |
| School | | | | |
| Youth-Serving Organization | | | | |
| Law Enforcement | | | | |
| Religious or Fraternal Organization | | | | |
| Civic or Volunteer Group | | | | |
| Healthcare Professional | | | | |
| State, Local, or Tribal Governmental Agency with Expertise in the Field of Substance Abuse | | | | |
| Other Organization Involved in Reducing Substance Abuse | | | | |

d. **Memoranda of Understanding (MOU)**

The application requires 12 Memoranda of Understanding or other formalized, signed agreement, as an attachment to application with the 12 categories of sector representation listed above and in the Sector Table.

The MOUs document that an individual understands that s/he represents, for the purposes of this application, a specific sector within the applicant coalition's membership. The MOU and the Sector Table should match 12 names to 12 MOUs for each of the required 12 sectors.

The MOU must be **less than** 12 months old at the time of the application. Label (to include sector and individual name) the MOU so that it can be easily found.

F. **12-MONTH COALITION ACTION PLAN (2 pages)**

1. **What is the coalition's 12-Month Action Plan for addressing youth substance use and related consequences in the community?**

- a. Answer this by developing a 12-Month Action Plan using the Table below. The applicant should develop an Action Plan that includes a mixture of strategies, environmentally based to create community change. These must be consistent with the CCAP and Logic Model.
- b. Under Goal One, include objectives, strategies and activities (objectives must be measurable) used to ensure collaboration, coordination, and community-based networking to prevent youth substance from the SFBHN goals and outcomes for the Prevention System of Care and guided by the SPF to create community change that will be measurable as the direct work of the coalition.
- c. Under Goal Two include objectives, strategies and activities (objectives must be measurable) used to prevent and reduce youth substance use health from the SFBHN goals and outcomes, consistent with the community data, and guided by the SPF.

2. **Guidelines for Creating the 12-Month Action Plan**

- a. Applicants must use the Action Plan template provided below.
- b. The Action Plan must cover a 12 month period of time.
- c. The Action Plan must include two goals from the SFBHN goals and outcomes for the Prevention System of Care and consistent with the community data.
- d. The Action Plan must address at least two named substances and related concomitant issues in alignment with data from the community and guided by the SPF.
- e. Objectives must be separated for each substance the coalition is addressing.
- f. Objectives must be measurable and included for each specific substance/issue addressed in the strategies of the proposed application:

- i. Objectives **must** indicate type of change
- ii. Objectives must indicate how much change will occur including the specific amount of increase or decrease
- iii. Objectives must include the specific population to be addressed. If the population is youth, then ages of youth or grade level must be identified
- iv. Objectives must include a specific date (Month/Date/Year) by when change will be accomplished
- v. Objectives must indicate how change will be measured
- vi. Objectives must be evidence informed with related research.

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

Goal One: Provide the Goal from the CCAP

Objective 1: *Provide measurable objective*

Strategy 1: *Provide specific strategy*

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
| | | |
| | | |

Strategy 2: *Provide specific strategy*

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
| | | |
| | | |

Goal Two: Provide the Goal from the CCAP

Objective 1: *Provide measurable objective*

Strategy 1: *Provide specific strategy*

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
| | | |
| | | |

Strategy 2: *Provide specific strategy.*

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
| | | |
| | | |

G. COORDINATE AND COLLABORATE WITH THE EVALUATION OF THE EFFECTIVENESS OF THE ACTION PLAN (total 2 pages for the section)

1. **How will the coalition self-assess its effectiveness of the 12-month Action Plan? How will staff and coalition members coordinate with and collaborate with the evaluation entity, BSRI, for the effectiveness of the 12-Month Action Plan?**
 - a. Describe the type of data and how it will be collected to measure the effectiveness of the strategies and activities of the 12-Month Action Plan within the SPF and relation to the Evaluation entity.
 - b. Describe how the coalition will work with the Evaluation entity, BSRI, to analyze the data collected and work with other data requirements of SFBHN and the State. Describe the coordination based on the SPF steps.
 - c. Describe the specific role sector members will have in monitoring the effectiveness of the 12-Month Action Plan.
 - d. Describe how the coalition will determine if adjustments to the 12-Month Action Plan are needed.

2. **How will the coalition inform the community of its impact in addressing youth substance use and concomitant factors, including the promotion of well-being?**
 - a. Describe how the coalition’s successes and challenges will be shared with the community.
 - b. Describe how the coalition will involve youth in disseminating the message to effectively reach this age group.
 - c. Describe how the coalition’s communication plan will take into account diversity in the community (family structure, geography, educational attainment, culture, social economic status, etc.).

H. BUDGET (No page limit)

All costs associated with services proposed in this solicitation must be reasonable, necessary and allowable, and relate to the program/coalition in compliance with Federal law and regulations including, but not limited to, 2 CFR, Part 200, and other applicable regulations and the Community Substance Abuse and Mental Health Services Financial Rules specified in Chapter 65E-14, Florida Administrative Code. **Applicants will submit a one (1) year, 12 month budget for related expenditures as outlined in**

this solicitation, consistent with the start times reflected in the timelines for implementation of the activities.

In accordance with Rule 65E-14.021(5)(e), F.A.C., provide the following forms, which may be located at <http://www.dcf.state.fl.us/dcf/forms/Search/DCFFormSearch.aspx> :

- CF-MH 1042, July 2014, SAMH Projected Operating and Capital Budget

The CF-MH 1042 form and all of the required fiscal forms are attached to this ITN as a separate excel workbook titled “Fiscal Forms 2018-2019.”

To locate the CF-MH 1042 form on the DCF website provided above, type “CF-MH 1042” in the “Form Number” field and click on “search”.

All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, May 28, 2014, which may be located at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04201>.

Provide a Budget Justification Narrative in detail, using complete sentences, clearly linking all budget items to program activities and justifying the proposed costs. The Budget Narrative must include a description of matching resources and other support that the coalition will receive. Applicants must use the instructions per Rule 65E-14, F.A.C. There is no page limit for the Budget Narrative.

1. Budget – The budget templates are attached to this ITN as one (1) separate excel workbook titled “Fiscal Forms 2018-2019.

Documents:

- SAMH Projected Operating and Capital Budget Form (Operating Budget and Personnel Detail). Complete all five (5) spreadsheets to the best of your ability..
- Budget Narrative – Provide a Budget Justification Narrative in detail, using complete sentences, clearly linking all budget items to program activities and justifying the **proposed** costs.

Note: The budget must disclose your agency’s total budget (include all funding sources)

2. Applicants must also include in their budget:

Travel for the Project/Coalition Coordinator and one (1) other person to attend the Statewide Prevention Conference or comparable statewide conference. Conference attendance will require pre-approval by SFBHN prior to conference registration. Examples of eligible conferences include:

- Florida Behavioral Health Conference

- Southeast U.S. Regional Drug Prevention Summit

3. Fiscal Viability/Stability

Applicants must submit documentation of financial stability and capability of the organization/entity by determining within the awarded dates and contract as evidenced by 1) copies of the most recent independent financial and compliance audit reports, or 2) if an audit is not applicable submission of the most recent financial statements prepared by the agency and approved by the board of directors as specified in SECTION II. Q., MANDATORY REQUIREMENTS, DOCUMENTS VERIFYING ELIGIBILITY – TECHNICAL REVIEW.

SFBHN reserves the right to not recommend funding for a contract award with organizations that are unable to demonstrate minimum fiscal standards as part of the application process. Additionally, SFBHN reserves the right to withdraw any contract award with agencies that are unable to meet minimum fiscal standards.

I. REQUIRED ATTACHMENTS

General Applicant Information

1. Twelve (12) Sector MOUs:

Two separate signatures are required on each MOU. One signature must be that of the individual listed as the coalition sector representative, and the other must be the signature from a coalition chair, paid staff, or any other individual who represents the coalition. All signatures must be hand written and dated (electronic signatures will not be accepted). MOUs cannot be more than 12 months old at the time of application.

NOTE: Neither paid staff (current or proposed) nor the person signing the MOU on behalf of the coalition may serve as one of the 12 sector representatives.

2. Five Sets of Coalition Minutes and Sign In Sheets:

Applicants must include five sets of coalition minutes and sign in sheets consistent with the minutes submitted. Each set of minutes must be from a coalition meeting that took place between July 1, 2014 and the deadline for submission of this application. Meeting minutes must include month, date, and year; demonstrate coalition membership involvement; and include attendees, noting the sector that each attendee represents.

3. Resumes and Job Descriptions:

Applicants must include a resume (no longer than two pages) and a position description (no longer than one page) for the Program Director and Program Coordinator, and each additional key paid or in-kind position.

4. Staffing Table

5. Twelve (12) Member Sector Table

6. Budget and Budget Narrative



Invitation to Negotiate #010 Community Anti-Drug Coalition Services

SECTION IV. APPENDICIES

APPENDIX A - DEFINITIONS

1. **Activities.** Efforts conducted to achieve identified objectives. A number of activities may be needed to achieve each objective.
2. **Adult.** An individual 18 years of age or older
3. **Applicant.** One who has interest in being considered for funding, and in accordance with that interest appropriately responds to the solicitation within the timeframes specified within the solicitation.
4. **Attrition.** The loss of program participants during the course of the services due to voluntary dropout or other reasons. Higher rates of attrition can potentially threaten the validity of services and programming strategies. Attrition is one of the six criteria of Quality of Research in the National Registry of Evidence-based Program (NREPP) used to Evidence-Based Programs and Practices.
5. **Baseline.** The initial time point in service interventions just before the intervention or treatment begins. The information gathered at baseline is used to measure change in targeted outcomes over the course of the services.
6. **Budget.** The financial plan or future projection for how funds will be spent. The budget is usually for a 12 month consecutive period and includes the itemizations and justifications of each budget category and line item.
7. **Budget Justification.** An explanation as to why a certain budget line item is needed and how the cost for that line item was derived.
8. **Business Day.** Any day from 8:30 a.m. to 5:00 p.m. EST (Eastern Standard Time) in Miami-Dade County and Monroe Counties, Florida other than Saturday, Sunday, or a holiday recognized by SFBHN.
9. **Capital Equipment.** Capital expenditures are individual items purchased for \$1,000 or more with a life expectancy of more than one year. All capital equipment purchased with funds from SFBHN the property of SFBHN.

10. Care Coordination. This strategy engages families in development of a care plan and links them to services that address the full range of their needs and concerns. This may be a strategy used when implementing Screening, Brief Intervention, Referral to Treatment (SBIRT).

11. Causal Factors/Risk Factors. Research-based constructs that have been identified as being strongly related to, and influencing the occurrence and magnitude of, substance use and related risk behaviors and their subsequent consequences. These variables are the proximal focus of prevention strategies, changes in which are then expected to affect consumption and consequences.

12. Children/Youth. Individuals 0-17 years of age.

13. Coalition. Community coalitions are increasingly used as a vehicle to foster improvements in community health. A coalition is traditionally defined as “a group of individuals representing diverse organizations, factions or constituencies who agree to work together to achieve a common goal.” Community coalitions differ from other types of coalitions in that they include professional and grassroots members committed to work together to influence long-term health and welfare practices in their community. Additionally, given their ability to leverage existing resources in the community and convene diverse organizations, community coalitions connote a type of collaboration that is considered to be sustainable over time⁴

14. Community Conditions. Circumstances that underlie underage drinking or other substance abuse and /or alcohol-related problems identified by recognized community substance abuse coalitions in the needs assessment process during the development of Comprehensive Community Action Plans.

15. Comprehensive Community Action Plan (CCAP). For purposes of responding to this solicitation, the CCAPs are for Miami-Dade and Monroe Counties. These plans have been approved the Managing Entities in each Region.

16. Consequences. The social, economic and health problems associated with the use of alcohol and illicit drugs. Any social, economic or health problem can be defined as a substance use problem if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring.

17. Procurement Manager. **Jessica Rodriguez** is the SFBHN Procurement Manager and is the designated Procurement Manager for this solicitation and procurement purposes.

18. Contributing Factors. More specific dimensions or aspects of constructs which collectively can be used to measure the theory to which they are linked.

⁴ <http://www.samhsa.gov/prevention>

19. Core components. The most essential and indispensable components of a service intervention (core intervention components) or the most essential and indispensable components of an implementation program (core implementation components).

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

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

22. Dissemination. The targeted distribution of program information and materials to a specific audience. The intent is to spread knowledge about the program and encourage its use.

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

24. Environmental Strategy. Environmental strategies are prevention efforts aimed at changing or influencing community standards, institutions, structures or attitudes that shape individuals' behaviors. While individual approaches focus on helping people develop the knowledge, attitudes, and skills they need to change their behavior, environmental approaches focus on creating an environment that makes it easier for people to act in healthy ways.

25. Evidenced-Based Prevention Practice. Evidence-based prevention programs, practices, or strategies in the substance abuse profession that is supported by research.

When deciding between two approaches, experts suggest choosing the one for which there is stronger evidence of effectiveness if the approach is similar, equivalent, and equally well-matched to the community's unique circumstances.

Evidence-Based Programs: Set of coordinated services that have undergone rigorous, peer-reviewed evaluation, demonstrated positive research results that make participants

better off, are directly attributable to the program and are endorsed by an outside entity.

Evidence-Based Practices: Practices that support program effectiveness, regardless of the specific program being implemented. For example, experienced, well-trained staff; ongoing quality assurance.

Recognized agencies that review and rate the quality of program research evidence include, but are not limited to:

- Blueprints for Healthy Youth Development;
- California Evidence-Based Clearinghouse for Child Welfare;
- Substance Abuse and Mental Health Services Administration
- The US Department of Health and Human Services.

26. Externalizing behaviors. Social behaviors and other external cues that reflect an individual's internal emotional or psychological conflicts. Examples include spontaneous weeping, "acting out," and uncharacteristic aggression. Reduction of externalizing behaviors is a frequently used measure of the success of treatment or intervention for mental or emotional disorders.

27. Family. A target population of an evidence-based practice. Through this solicitation, any person or group that supports the individual receiving services. A fundamental social group in society typically consisting of one or two parents and their children or two or more people who share goals and values, have long-term commitments to one another, and reside usually in the same dwelling place.

28. Federally Qualified Health Center (FQHC). Federally qualified health centers (FQHCs) include all organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.⁵

29. Fidelity. The degree to which the evidence-based practice implemented adheres to the practice's implementation design.

30. Fidelity of Implementation. Fidelity of implementation occurs when implementers of a research-based program or intervention (e.g., teachers, clinicians, counselors) closely follow or adhere to the protocols and techniques that are defined as part of the intervention. For example, for a school-based prevention curriculum, fidelity could involve using the program for the proper grade levels and age groups, following the developer's recommendations for the number of sessions per week, sequencing multiple program components correctly, and conducting assessments and evaluations using the recommended or provided tools.

⁵ <http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html>

- 31. Implementation team.** A core set of individuals charged with providing guidance through full implementation of the intervention. This team helps ensure engagement of the stakeholders, increases readiness for implementation, ensures fidelity to the intervention, monitors outcomes, and addresses barriers to implementation.
- 32. Implementation.** The use of a prevention or service interventions in a specific community-based or other setting with a particular target audience.
- 33. Indicated Prevention.** Preventive interventions that are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, or behavioral disorder, as well as biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention, and as defined in Rule 65E-14.021(4)(v)1., F.A.C..
- 34. Individual.** A target population of an evidence-based practice. A consumer receiving services through this solicitation.
- 35. In-Kind.** A non-cash donation such as labor, facilities, or equipment to carry out a project. Typically, skilled and professional labor, as well as volunteer labor, can be valued at the prevailing rate for the field.
- 36. Internalizing behaviors.** Behaviors that reflect an individual's transfer of external social or situational stresses to emotional, psychological, or physical symptoms. One well-known internalizing behavior is a child's development of stomach cramps when the parents argue; another is insomnia during a high-stress situation at work. Reduction of internalizing behaviors is a frequently used measure of the success of treatment or intervention for mental or emotional disorders.
- 37. Intervention.** A strategy or approach intended to prevent an undesirable outcome (preventive intervention), promote a desirable outcome (promotion intervention) or alter the course of an existing condition (treatment intervention).
- 38. Licensed Substance Abuse Provider - Prevention.** Providers licensed to provide substance abuse prevention services according to Chapter 397, Florida Statutes pursuant to Rule 65D-30, F.A.C. and consistent with the Institute of Medicine (IOM) for Prevention Categories (Universal, Selective, Indicated).
- 39. Logic model.** A tool that allows key stakeholders to develop a strategic plan to address an identified community problem. A logic model is a visual tool intended to communicate the logic, or rationale, behind a program or process. Like a roadmap, it is meant to show, as clearly and in as few words as possible, where the entity is, where it is going, and how it will get there. Specifically, logic models offer a way to describe the relationships among elements necessary to operate a program or change effort, or, the links in a chain of reasoning about what leads to what in relation to a desired outcome or goal. In the prevention field, planners often use them to:

- Visualize how the pieces of a prevention plan fit together.
- Provide explicit rationale for selecting prevention programs, policies and practices to address substance abuse problems.⁶

40. Matching Funds (Leverage Funds). Matching funds may be cash or in-kind contributions that are clearly documented as such and include non-federal cash dollars and/or donated items/services that are part of the overall cost of operating the proposed program. Matching funds do not include SFBHN or other State of Florida Department of Children and Families funds.

41. Mental health promotion. Attempts to (a) encourage and increase protective factors and healthy behaviors that can help prevent the onset of a diagnosable mental disorder and (b) reduce risk factors that can lead to the development of a mental disorder. In this solicitation, mental health promotion is associated with substance abuse prevention strategies to promote wellness and reinforce protective factors that enhance wellbeing.

42. Minor irregularity. A variation from the Invitation to Negotiate (ITN) terms and conditions, which does not affect the price of the application, does not give the applicant an advantage or benefit not enjoyed by other applicants, and does not adversely impact the interest of SFBHN. This will be determined at SFBHN's sole discretion and does not meet criteria for appeal, protest, or dispute.

43. Missing data. Data or information that researchers intended to collect during a study or other required data collection process that was not actually collected or was collected incompletely. Missing data may occur, for example, when survey respondents do not answer all questions in a survey, or when the researchers "throw out" or exclude survey questions because the responses do not meet validation checks. Missing data can threaten the validity and reliability of a study, or other necessary reporting, if steps are not taken to compensate for or "impute" (replace with calculated data) the missing information. Missing data are one of the six NREPP criteria used to rate Quality of Research. SFBHN will require complete, accurate, and timely submission of data should the applicant be funded.

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

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

⁶ <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework/plan/2/a>

46. Predictive Validity. The degree to which the operationalization can predict (or correlate with) with other measures of the same construct that are measured at some time in the future, in other words the consistency of the outcomes at different points in time post intervention.

47. Prevention Definitions. Prevention refers to the proactive approach to preclude, forestall, or impede the development of substance abuse or mental health related problems. These strategies focus on increasing public awareness and education, community-based processes, and incorporating evidence-based practices. Programs designed to prevent the development of *mental, emotional, and behavioral disorders* are commonly categorized in the following manner:

- Universal Prevention

Preventive interventions that are targeted to the general public or a whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

- Selective Prevention

Preventive interventions that are targeted to individuals or to a subgroup of the population whose risk of developing mental, emotional, or behavioral disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a disorder. Examples include programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse, to reduce risk for adverse mental, emotional, and behavioral outcomes.

- Indicated Prevention

Preventive interventions that are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, or behavioral disorder, as well as biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention.⁷

48. Prevention Service. A structured schedule of activities designed so that participants will attain certain educational, attitudinal, social, and behavioral objectives. Prevention services are focused on enhancing protective factors and resilience (strengths and assets) and reversing or reducing known risk factors (challenges).

49. Priority Populations. Based on the data from the Comprehensive Community Action Plans (CCAPs) for Miami-Dade and Monroe, and the State's Prevention Initiative, those populations at greatest risk for substance use/abuse and consequential, related mental health issues.

50. Process evaluation. An evaluation to determine whether an intervention has been implemented as intended.

⁷ National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press.

51. Program drift. A threat to fidelity due to compromises made during implementation.

52. Program fit. The degree to which a program matches a community's needs, resources, and implementation capacity.

53. Quality assurance. Activities and processes used to check fidelity and the quality of implementation.

54. Reliability of measure. The degree of variation attributable to inconsistencies and errors involved in measures or measurements. Key types include test-retest, interrater, and interitem. Reliability of measures is one of the six NREPP criteria used to rate Quality of Research.

55. Resource Assessment. A process that identifies existing community capacity, such as funding, materials, facilities and personnel, to implement evidence-based practice and gaps in that capacity.

56. Rigorous. The degree to which a research design is appropriate to the construct(s), evaluation of the constructs and the statistical analysis of data collection. In addition to addressing issues such as randomized assignment, attrition rates, external and internal validity and reliability, sample size, effect size, appropriateness of statistical measures employed to analyze the data, appropriate reporting of the results without overstating the results impact and thorough discussion of the limitations of the study.

57. Scope of Service(s). A narrative describing what services/activities are to be provided, to whom and how the services are to be provided, measurable outcomes, products to be delivered, etc. It is also an attachment of the SFBHN core contract.

58. Selective Prevention. Preventive interventions that are targeted to individuals or to a subgroup of the population whose risk of developing mental, emotional, or behavioral disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a disorder, and as defined in Rule 65E-14.021(4)(w)1., F.A.C..

59. Strategic Prevention Framework (SPF). The SPF uses a five-step planning process to guide states, jurisdictions, tribes, and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The SPF process:

- Promotes youth development
- Reduces risk-taking behaviors
- Builds assets and resiliency
- Prevents problem behaviors across the life span of the programs

The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities. SPF steps require states, territories, federally recognized tribes and tribal organizations, and communities to systematically:

- Assess their prevention needs based on epidemiological data
- Build their prevention capacity
- Develop a strategic plan
- Implement effective community prevention programs, policies, and practices
- Evaluate their efforts for outcomes.

Additionally, Sustainability and Cultural Competence have been added to the core of the framework as both are necessary in developing an effective coalition - see SAMHSA <http://www.samhsa.gov/spf>⁸

60. Strength-based. An approach to recognize and utilize genuine participant strengths to allow building onto existing competencies and to effectively address concerns. Strength-based programs believe participants have the resources to learn new skills and solve problems and therefore empower and involve them in the process of discovery, learning and coping with the challenges they may face.

61. Substance abuse prevention. Attempts to stop substance abuse before it starts, either by increasing protective factors or by minimizing risk factors.

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

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

64. Sustainability. The long-term survival and continued effectiveness of an intervention.

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

66. Symptomatology. The combined symptoms or signs of a disorder or disease.

⁸ <http://www.samhsa.gov/spf>

67. Target Population. Groups that are identified in Miami-Dade and Monroe's Comprehensive Community Action Plans (CCAPs), and consistent with the State's Strategic Initiative for Prevention and as described in this solicitation, as important to impact in order to achieve community outcomes.

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

69. Underage Drinking. Alcohol consumption by youth who are under the legal drinking age of 21, as defined by Florida Law.

70. Universal. Preventive interventions that are targeted to the general public or a whole population group that has not been identified on the basis of individual risk, and as defined in Rule 65E-14.021(4)(x)1., F.A.C..

71. Validity of measure. The degree to which a measure accurately captures the meaning of a concept or construct. Key types include pragmatic/predictive, face, concurrent/criterion, and construct. Validity of measures is one of the six NREPP criteria used to rate Quality of Research.

APPENDIX B – HELPFUL RESOURCES

1. Behavioral Science Research Institute (BSRI) – SFBHN Contracted Evaluation Entity
Executive Director: Angela Mooss, Ph.D.
Telephone: (786) 717-5599
www.bsrinstitute.org

BSRI was founded in 1976, shortly after its sister company, Behavioral Science Research Corporation (BSRC), to facilitate public health research within the non-profit sector. In 2014, the two companies separated, and BSRI has since been providing research, consultation, and evaluation services to dozens of community health centers, hospitals, non-profits, and other organizations throughout South Florida and Internationally. BSRI specializes in facilitating models and strategies for integrated primary and behavioral healthcare; behavioral health prevention and treatment services for youth and adults; drug court and diversion programs for clients with criminal justice involvement, and other evaluation design and implementation processes in the public health sectors. BSRI does not provide direct services (e.g. healthcare, prevention) to individuals.

BSRI is SFBHN's contracted Evaluation Entity for the prevention system.

2. Identifying and Selecting Evidence-Based Interventions for Substance Abuse Prevention Strategic Prevention Framework State Incentive Grant (SPF SIG) Program: Revised Guidance Document:
<http://store.samhsa.gov/product/SMA09-4205>
3. Federal registries include, but are not limited to:
 - a. Blueprints for Healthy Youth Development:
<http://www.blueprintsprograms.com/allPrograms.php>
 - b. OJJDP – Office of Juvenile Justice and Delinquency Prevention Model Programs Guide:
<http://www.ojjdp.gov/mpg/>
 - c. CDC – Centers for Disease Control: <https://www.effectiveinterventions.org/>
4. Recognized agencies that review and rate the quality of program research evidence include, but are not limited to:
 - a. Blueprints for Healthy Youth Development
 - b. California Evidence-Based Clearinghouse for Child Welfare
 - c. U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices

d. The US Department of Health and Human Services.

<http://captus.samhsa.gov/prevention-practice/defining-evidence-based/samhsa-criteria>

5. Catalano, R.F., Berglund, M.L., Ryan, J.A.M., Lonczak, H.S., & Hawkins, J.D. (2004). Positive youth development in the united states: Research findings of positive youth development programs. *The ANNALS of the American Academy of Political and Social Science*, 591, 98-124.
6. Boustani, M., Frazier, S., Becker, K., Bechor, M., Dinizulu, S., Hedemann, E., Ogle, R. and Pasalich, D. (2014). Common Elements of Adolescent Prevention Programs: Minimizing Burden While Maximizing Reach. *Administration and Policy in Mental Health and Mental Health Services Research*.
7. Haggerty, K., Elgin, J. and Wooley, A. (2010). Social-Emotional Learning Assessment Measures for Middle School Youth. Retrieved from: <http://raikesfoundation.org/Documents/SELTools.pdf>
8. Shaunessy, E., Karne, F.A. (2004). Instruments for Measuring Leadership in Children and Youth. *Gifted Child Today*, 2004 – ERIC. Retrieved from: <http://files.eric.ed.gov/fulltext/EJ682654.pdf>
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12. About the Strategic Prevention Framework (SPF)

SAMHSA's Strategic Prevention Framework (SPF) is a 5-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The effectiveness of this process begins with a clear understanding of community needs

and depends on the involvement of community members in all stages of the planning process.



Distinctive Features of the SPF

Though the steps of the SPF should look familiar to most prevention practitioners, the framework has four distinctive features:

- It is driven by the concept of **outcome-based prevention**. Increasingly, funders require evidence that communities have defined and achieved their prevention outcomes. For example, many funders have threatened to discontinue drug-free zone programs at schools because there is no tangible proof that they work. The SPF drives people toward defining the specific results they expect to accomplish with their prevention plan.

Outcomes-based prevention starts with looking at consequences of use, then identifying the patterns of consumption that produce these consequences.

- It focuses on **population-level change**. Earlier prevention models usually measured success by looking at individual program outcomes or changes among small groups. For example, a prevention program aimed at middle-school students might look for individual increases in resiliency or changes across one grade level. Under the SPF, a community might instead decide to implement a range of programs and practices which could collectively produce more broad-scale change--in this case, among all participating 7th and 8th graders, instead of just one grade level. Population-level change also forces practitioners to look at the constellation of factors, across related systems, which influence substance use.
- It focuses on **prevention across the lifespan**. Traditionally, prevention has focused on

adolescent consumption patterns. The SPF challenges prevention practitioners to look at substance abuse among other populations which are often overlooked, such as 18- to 25- year-olds and adults over 65.

- **It emphasizes data-driven decision-making.** States, Jurisdictions, Tribes and communities are expected to collect data on consumption and consequence patterns. They are also expected to use data to describe their community, as well as their community' capacity to address identified problems. Finally, communities are required to choose programs and practices whose effectiveness is supported by data.

<http://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf>

13. INSTITUTE OF MEDICINE (IOM) PREVENTION CLASSIFICATIONS

The Institute of Medicine (IOM) has developed a framework for classifying prevention that divides the continuum of services into prevention, treatment, and maintenance. Prevention is further divided into three main classifications: universal, selective and indicated. The Substance Abuse and Mental Health Administration (SAMHSA) has adopted these classifications in order to categorize substance use prevention efforts. Each prevention classification is described below.

Institute of Medicine (IOM) Prevention Classifications

- a. **Universal Direct & Indirect:** Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

Direct -Interventions directly serve an identifiable group of participant but who have not been identified on the basis of individual risk. (e.g., school curriculum, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

Indirect -Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies). This could also include programs and policies implemented by coalitions.

- b. **Selective:** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

- c. **Indicated:** Activities targeted to individuals identified as having minimal but detectable signs/symptoms foreshadowing disorder or biological markers indicating predisposition but not yet meeting diagnosis level.

14. SIX CSAP SAMHSA STRATEGIES

In implementing the comprehensive array of prevention programs, SFBHN, consistent with DCF and SAMHSA- CSAP, uses a variety of strategies including the six strategies listed below:

- 1) **Information Dissemination:** This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
- 2) **Education:** This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities.
- 3) **Alternatives:** This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use and promote wellness and positive mental health. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter.
- 4) **Environmental:** This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population.
- 5) **Community-Based Process:** This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.
- 6) **Problem Identification and Referral:** This strategy aims at identification of those who are at imminent risk of problem behaviors noted by mental health or substance use/abuse indicators, or have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs. Referral refers to identification of a resource or resources that would assist the individual and includes linkage to the resource with follow up to ensure results.

Broad definitions, above, are suggested for this solicitation. Current research as additional, supplementing justification for the strategies proposed under each is expected by the applicant. An EBP for each strategy is required for funding under this solicitation.

15. Quality Indicators of Fidelity in Implementing and Managing Programs/Strategies

There are a number of general practices that are not tied to a specific program or curriculum but are associated with program/strategy success. These best practices as quality performance measures are strongly recommended for all applicants. Applications will be evaluated assessing if the following was addressed in the response section of the application:

a. Experienced, well-trained staff - Literature suggests that experience, along with high quality interpersonal skills and program-specific training, is a positive and important program component in center-based or curriculum-based programs. Programs should be implemented by sensitive, competent staff who receives sufficient training, support, and supervision. To increase the likelihood of achieving participant outcomes, effective programs include formal staff training to deliver the program. Furthermore, implementation checklists and a supervision structure that supports adherence to program fidelity add value to program results.

b. Adequate participant-staff ratio - Adequate participant-staff ratios, relevant to the developmental age groups and needs of the participants served, particularly in group settings, can ensure needs are well addressed.

c. Theory-driven programs - Preventive strategies should have a scientific justification or logical rationale. Effective prevention programs are able to describe a theory about how problem behaviors develop, and thus what to do to prevent or address a problem before it develops. In this solicitation, SFBHN is requesting that the EBPs identified are consistent with the Comprehensive Community Action Plans (CCAPs) of the community.

d. Retention of research-based core elements - When communities adapt programs to match their needs, community norms or differing cultural requirements, they should retain core elements of the original research-based intervention that include: Structure (how the program is organized and constructed); Content (the information, skills, and strategies of the program); and Delivery (how the program is adapted, implemented, and evaluated) . When Structure, Delivery, and/or Content of a research-based program are compromised, SFBHN may score the application lower and/or see this as a reason the budget could be reduced. If there is an agreement with the developer of the EBP, then note and describe with sufficient documentation to justify.

e. Variety of teaching methods and interactive approaches - Strategies should include multiple teaching methods, including some type of active, skills-based component. Prevention programs are most effective when they employ interactive techniques, such as peer discussion and parent role-playing, that allow for active involvement in learning and reinforcing skills.

f. Sufficient exposure to the services/intensity - Participants need to be exposed to enough of the program for it to have an effect. The amount of service needed to produce positive outcomes varies based on participant risk level, typically with more intensity necessary for higher risk. Literature identifies certain types of programs (e.g., mentoring, mental health, younger children in education) that require higher intensity and duration to produce positive and long-lasting effects. Applicants must demonstrate their ability to retain participants in programs for sufficient levels of service to achieve desired results. Recruitment and retention strategies for the particular target population should be discussed in detail in the Program Section. Furthermore, because drop-outs are a reality of service delivery, applicants should predict drop-out rates based on past reports and adjust recruitment targets accordingly. Coalitions should address issues related to the Environmental Strategies and coalition member composition and interaction.

g. Long-term prevention programs/duration and complementary components - Effective

prevention programs provide some follow up or booster sessions to help reinforce original prevention goals and sustain effects of the original intervention. In this particular solicitation, applicants have an additional opportunity to address the identified program issues in a more comprehensive manner through Environmental Strategies (See Environmental Strategies Section) as a complementary component.

h. Positive relationships - Programs should foster strong, stable, positive relationships between children/youth and adults. Effective programs support the development of positive parent-child relationships, as well as an opportunity for youths to establish a strong relationship with at least one adult role model who is invested in their well-being. Selecting EBPs that focus on various components of the child/youth's relationships are considered most effective. Coalitions should focus on enhancing partner outcomes in this area, as well as in the coalition member relationships.

i. Cultural sensitivity and relevance - Programs should be tailored to fit within cultural beliefs and practices of the participants, as well as local community norms. Effective programs tailor content to make it culturally appropriate within the Evidence Based Practice (EBP). When interventions are not relevant, programs often have difficulty recruiting and retaining those participants most in need of intervention. Cultural relevance goes beyond cosmetic changes like translating the language. It additionally requires making changes in materials that acknowledge the social norms and cultural/religious beliefs and practices of participants. Changes made to an EBP for cultural relevance should be discussed with the developer. Any adjustments should be appropriately described in the Program Section.

j. Meaningful performance measures that are valid and reliable - A systematic outcome evaluation process is necessary to determine whether a program or strategy works. Effective programs build evaluation into implementation (process evaluation). Approaches such as continuous quality improvement (CQI) and Quality Assurance (QA) have been shown to provide important ongoing feedback on the implementation process to make it more likely that they will achieve positive outcomes. Selection of participant outcome measures should ensure these will track meaningful changes that can be measured consistently over time. SFBHN requires that the outcomes selected are consistent with the CCAPs attached.

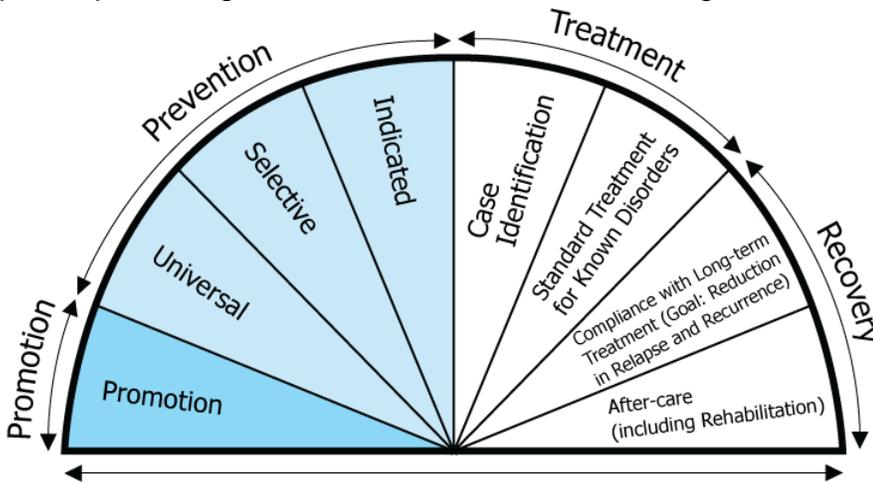
k. Data for decision-making - Program implementation and outcome data are essential to support continuation efforts. Measures of quality improvement, fidelity, and participant outcomes provide guidance for decision-making at the policy and practice levels of an organization. Programs and coalitions should regularly assess impact to inform professional development, resource allocation, and continuous improvement. For example, by the use of appropriate parental consent, programs should be willing to share information with other providers when an individual is referred for additional services, and to include data as part of aggregated data sets for research and policy analysis. SFBHN will be regularly reviewing and analyzing data for general population impact to report to its funder(s), legislators, and other key stakeholders.

16. Prevention of Substance Abuse and Mental Illness Continuum of Care

Based on the SAMHSA continuum of care and consistent with the State of Florida Block Grant funding, SFBHN will fund promotion and prevention services along the continuum of care recognizing

multiple opportunities for addressing behavioral health problems and disorders and will include the following components

- **Promotion**—These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.⁹



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⁹ <http://www.samhsa.gov/prevention>

18. COALITION SECTOR MEMBER TABLE

| Sector | Sector Member Name <i>(first and last name)</i> | Organization Name and Role in Organization <i>(full name of organization and individual's role)</i> | Specific Contribution to Coalition <i>(describe active participation in coalition specific to the member)</i> | MOU Attached <i>(Note by checking)</i> |
|--|---|---|--|--|
| Youth (an individual 18 or younger) | | | | |
| Parent | | | | |
| Business | | | | |
| Media | | | | |
| School | | | | |
| Youth-Serving Organization | | | | |
| Law Enforcement | | | | |
| Religious or Fraternal Organization | | | | |
| Civic or Volunteer Group | | | | |
| Healthcare Professional | | | | |
| State, Local, or Tribal Governmental Agency with Expertise in the Field of Substance Abuse | | | | |
| Other Organization Involved in Reducing Substance Abuse | | | | |

19. Coalition Twelve (12) Month Action Plan

NOTE: MAKE SURE TO INCORPORATE THE SFBHN GOALS FROM THE PREVENTION SYSTEM OF CARE www.sfbhn.org

Goal One: *Provide the Goal from the CCAP*

Objective 1: Provide measurable objective

Strategy 1: Provide specific strategy

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
| | | |
| | | |

Strategy 2: Provide specific strategy

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
| | | |
| | | |

Goal Two: *Provide the Goal from the CCAP*

Objective 1: Provide measurable objective.

Strategy 1: Provide specific strategy.

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
| | | |
| | | |

Strategy 2: Provide specific strategy.

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
| | | |
| | | |

Prevention Training and Technical Assistance

Determining Fit



Strength of evidence is critical to selecting approaches that are likely to work. But not all evidence-based approaches or interventions are right for all communities. Best fit interventions are those approaches or interventions that (1) most clearly impact the substance abuse or related behavioral health problem in your community; and (2) are most appropriate, given the community's needs, resources, and readiness to act.

To select an evidence-based approach or intervention that is a good fit for *your* community:

- Consider **conceptual fit**. Does the approach clearly address the problems and factors that contribute to substance use in your community?
- Consider **practical fit**. Is the approach a good match for the community, given available resources, cultural context, and community readiness to take action? Will it garner the support of community leaders? Is it culturally appropriate for the target population?
- Consider **effectiveness**. Do the selected approach SAMHSA's criteria for what is evidence-based? How strong is the evidence?

If communities follow this process, using these criteria, they are likely to arrive at a combination of strategies and programs which best fit their community.

22. FISCAL FORMS 2018-2019

All of the required fiscal forms are attached to this ITN as a separate excel workbook titled "Fiscal Forms 2018-2019."

All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, May 28, 2014, which may be located at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04201>.

Provide a Budget Justification Narrative (see section 22. Budget Narrative below for further instructions) in detail, using complete sentences, clearly linking all budget items to program activities and justifying the proposed costs. The Budget Narrative must include a description of matching resources and other support that the coalition will receive. Applicants must use the instructions per Rule 65E-14, F.A.C. There is no page limit for the Budget Narrative.

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23. BUDGET NARRATIVE

Applicant: _____

ITN #010- Coalition Services

Budget Details:

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

Instructions for Completing the Budget Narrative

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

1. Personnel:

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

2. Fringe Benefits:

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

3. Building Occupancy:

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

4. Professional Services:

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

5. Travel:

Explain who will be traveling, where they will be traveling and for what purpose. Reimbursement rates cannot exceed allowable rates paid by the South Florida Behavioral Health Network (.445 center per mile).

6. Equipment Cost:

Explain the need for equipment. Copies of leases or rental agreements or proof of purchase will be required. Include equipment maintenance agreements and cost.

7. Food Services:

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

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

9. Subcontracted Services:

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

10. Insurance:

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

11. Interest:

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

12. Operating Supplies and Expenses:

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

13. Other:

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

14. Donated items:

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

15. Non Expendable Property:

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

16. Computer Hardware, Software and Services:

When acquiring computer hardware, software and services, regardless of cost, the provider agrees to obtain prior written authorization and to follow the Department of Children and

Families and the State Technology Office's Information Technology Resource purchasing procedures.

17. Administration:

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

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APPENDIX C – APPLICANT COVER PAGE

**Invitation to Negotiate #010
Prevention of Substance Abuse and Promotion of Positive Mental Health and Related
Consequences**

| | | | |
|---|----|--|-------------|
| Organization Name | | | |
| Federal Tax-ID # | | | |
| Mailing Address | | | |
| Application Contact Name | | Title | |
| Phone Number | | Email | |
| | | | |
| Executive Director/CEO Name | | | |
| Phone Number | | Email | |
| | | | |
| Chief Financial Officer Name | | | |
| Phone Number | | Email | |
| | | | Check |
| Strategy of Funding Request | | Evidence-Based Practices – Program Services | |
| | | Coalition | |
| If Coalition, name of Coalition | | | |
| | | | |
| Total Project Budget | \$ | Requested Amount | \$ |
| Signature of Executive Director/CEO or person authorized to approve application submission | | | |
| | | | |
| Printed/Typed Name & Title | | | Date |

IMPORTANT NOTE: The organization’s chief administrator’s signature attests that the organization submitting the application will be the entity that intends to provide the majority services itself, as well as to manage the proposed budget for which the funding is sought.

APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

| | |
|---|------------------------------------|
| <p>Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.</p> | <p>_____</p> <p>Initial</p> |
| <p>Site Visits: The Applicant will cooperate fully with the SFBHN in coordinating site visits, if desired by SFBHN.</p> | <p>_____</p> <p>Initial</p> |
| <p>Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.</p> | <p>_____</p> <p>Initial</p> |
| <p>Lobbying: The Applicant is prohibited by Title 31, USC, Section 1352, entitled “Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,” from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).</p> | <p>_____</p> <p>Initial</p> |
| <p>Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.</p> | <p>_____</p> <p>Initial</p> |
| <p>Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children’s projects provided in private residences, facilities funded solely by Medicare</p> | <p>_____</p> <p>Initial</p> |

| | |
|--|--|
| <p>or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.</p> | |
| <p><u>Non-Collusion Declaration:</u> The applicant declares:</p> <p>That all statements of fact in such bid/proposal are true;</p> <p>That such bid/proposal was not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization or corporation;</p> <p>That such bid/proposal is genuine and not collusive or sham;</p> <p>That the applicant has not, directly or indirectly by agreement, communication or conference with anyone attempted to induce action prejudicial to the interest of South Florida Behavioral Health Network, or of any other applicant or anyone else interested in the proposed contract; and further</p> <p>That prior to the public opening and reading of bids/proposals, the applicant:</p> <ul style="list-style-type: none"> a. Did not directly or indirectly, induce or solicit anyone else to submit a false or sham bid/proposal; b. Did not directly or indirectly, collude, conspire, connive or agree with anyone else that said bidder or anyone else would submit a false or sham bid/proposal, or that anyone should refrain from bidding or withdraw his or her bid/proposal; c. Did not, in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to raise or fix the bid/proposal price of said bidder or of anyone else, or to raise or fix any overhead, profit, or cost element of the bid/proposal price, or of that of anyone else; d. Did not, directly or indirectly, submit his or her bid/proposal price or any breakdown thereof, or the contents thereof, or divulge information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent, or to any individual or group of individuals thereof to effectuate a collusive or sham bid, except South Florida Behavioral Health Network, and has not paid, and will not pay, any person or entity for such purpose or to any person or persons who have a partnership or other financial interest with the applicant in his or her business <p>Any person executing this declaration on behalf of an applicant that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the applicant.</p> | <p style="text-align: center;">_____ Initial</p> |

| | |
|--|-------------------------|
| I certify under penalty of perjury of the laws of the State of Florida California that the above information is correct. | |
| Compliance and Performance: The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds. | _____ Initial |
| Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed. | _____ Initial |
| Submission of Data: The Applicant agrees to provide data and other information requested by SFBHN. | _____ Initial |
| Submission of Reports: The Applicant agrees to submit semi-annual progress reports and an annual fiscal report to SFBHN. | _____ Initial |

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

Organization Name: _____

Authorized Signatory

Title

Date

APPENDIX E – MANDATORY REQUIREMENTS CHECKLIST FOR FATAL FLAW AND TECHNICAL REVIEW

South Florida Behavioral Health Network Use Only

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

Section A.

Applicant’s Name: _____

SFBHN Reviewers Name: _____

SFBHN Reviewers Signature: _____ Date: _____

Witness’s Name: _____

Witness’s Signature: _____ Date: _____

Section B.

| Item # | Requirement | |
|--------|--|---|
| 1. | Was the application received by the date and time specified in the solicitation and at the specified address? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail Comments: |
| 2. | Were one original, electronic and five copies of the application submitted? Were the hard copies submitted in individual binders and labeled appropriately? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 3. | Was a completed Cover Page with an original signature (Appendix C) included? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 4. | Was the Mandatory Non-Binding Letter of Intent along with SFBHN e-mail confirmation submitted? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 5. | Did the applicant submit proof of non-profit status? This requirement is waived for governmental entity, quasi-governmental entity, or a public school system. | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 6. | Does the applicant have a physical location in Miami Dade County? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 7. | Did the application adhere to the formatting requirements specified in the bid? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |

| | | |
|------------|--|--|
| | <i>Typed, single-spaced, on 8.5 x 11 paper, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font. Pages must be numbered in a logical, consistent fashion. The sole exceptions are the Budget Forms, which may be submitted on 8.5 x 14 paper.</i> | |
| 8. | Did the applicant adhere to the page limitation requirements? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 9. | Did the applicant submit an agency Organizational Chart (Table of Organization) with clear lines of authority depicted and an Organizational Chart (Table of Organization) for the proposed funding? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 10. | Did the applicant submit the board of director's resolution, signed by the Chairperson of the Board, granting authority to a specified individual(s) to complete and sign the application and negotiate and sign a contract, should it be awarded? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 11. | Did the applicant submit a copy of last filed Annual Report and Copy of current Certificate of Status from the Florida Department of State Division of Corporations? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 12. | Did the applicant submit the Statement of Mandatory Assurances, Appendix D? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 13. | Did the applicant submit a copy of the most recent annual financial statement audit performed by a Certified Public Accounting (CPA) firm that is licensed and registered with the Florida Department of Business and Professional Regulation to conduct business in Florida. If an audit is not applicable, submission of the most recent financial statements for the agency's most recent fiscal year prepared by the agency and approved by the board of directors. These statements must be in conformance with generally accepted accounting principles (GAAP) and standards contained in Government Auditing Standards issued by the Comptroller General of the United States. Applicant organizations with an audit will be scored more favorably? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 14. | For agencies that withhold income taxes, social security tax, or Medicare tax, did the applicant submit: attestation indicating that the 941 has been filed timely and any taxes due have | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |

| | | |
|------------|--|--|
| | been paid timely to the IRS? Was the attestation submitted on the agency's letterhead and signed by the CEO/Executive Director? | |
| 15. | For agencies that do not withhold income taxes, social security tax, or Medicare tax did the applicant: submit a copy of the most recent 1096? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 16. | Did the applicant submit a complete agency budget, inclusive of all sources of funding (References to budget documents and instructions are found in Section IV, paragraph K)? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 17. | Did the applicant submit the Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contracts/Subcontracts – Appendix F? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 18. | <p>Did the applicant submit current, dated coalition MOUs (not more than 12 months old from the date of the application) from each of the twelve (12) sector members as described in this ITN and as in the list below:</p> <p>a) Twelve (12) Sectors: The coalition must consist of one or more representatives from each of the following required 12 sectors.</p> <ol style="list-style-type: none"> 1) Youth/ Young Adult – age 20 or younger 2) Parent 3) Business 4) Media 5) School 6) Youth serving organization 7) Law enforcement 8) Religious or fraternal organization 9) Civic or volunteer group 10) Healthcare professional 11) State, local or tribal government agency with expertise in the field of substance abuse 12) Other organization involved in reducing substance abuse <p>Note: a member may not represent more than one sector.</p> | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |

| | | |
|------------|---|--|
| | | |
| 19. | Did the applicant submit the Coalition's mission and vision statements? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 20. | Did the applicant submit proof that the coalition has been in existence and the number of months/years? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 21. | Did the applicant submit any documents related to the Coalition's Needs Assessment. And/or the Coalition's Comprehensive Community Action Plan (CCAP) that guides the work of the coalition? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |
| 22. | Did the applicant submit any work the Coalition has completed towards the Logic Model and/or the Completed Logic Model(s) of the coalition showing problem statement, strategies, activities, and outcomes? | <input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail |

Section C.

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

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

(YES) = Pass (NO) = Fail

Comments:

Section D.

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

Procurement Manager Initials: _____

If so, please list the documents that were missing

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

2. Was the applicant provided an opportunity to cure? YES NO
Providing an applicant agency to cure is at SFBHN's sole discretion

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

Procurement Manager Initials: _____

3. Did the applicant provide all requested documentation by the deadline identified in the request issued by the Procurement Manager?
 YES NO

Procurement Manager Initials: _____

4. Did the application move to Phase II, Substantive Review? YES NO

Procurement Manager Initials: _____

Remainder of page left blank intentionally

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

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

INSTRUCTIONS

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

CERTIFICATION

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

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

Signature:

Date

Name (Print)

Title

APPENDIX G – APPLICATION REVIEW PROCESS – OVERVIEW AND RATING SHEETS: – COALITIONS

A. ITN REVIEW SHEET – COALITIONS - Review Process Overview

A point rating point system will not be used to rank the applications. A non-numerical rating system was chosen because the evaluation criteria are difficult to categorize or are too uncertain or too subjective to determine a reasonable numerical rating system.

Reviewers will be instructed to recommend applications for funding by answering "Yes" or "No" in the "Reviewer's Overall Comment" section of the review sheets. Reviewers will be instructed to exercise independent judgment when reviewing the applications they are entrusted to review and that the recommendations shall be based on the merit of each application.

For the sake of fairness to the competitors the reviewers will be required to explain and document on reason for their decisions on the review sheets. Explanations shall be rational and consistently applied for competitor to competitor. The written explanations shall be rational, understandable, consistent with your rankings, and not in conflict with the terms or requirements of the ITN. The Procurement Manager will not write or re-write the reviewers explanations on behalf of the reviewers. .

At the debriefing meeting, each reviewer will be afforded an opportunity to debrief to ensure that all considered the same information when ranking the proposals. The reviewers will be asked to reach a consensus and provide a list of the applications/proposals recommended for funding. The ranking of the applications/proposals shall be provided in order of precedence beginning with the application/proposal deemed most likely to succeed. This list will be provided to SFBHN President/CEO for consideration.

In the event that the evaluators are unable to reach consensus, SFBHN will follow the procedures specified in the bid under the following sections: "Selection of Qualified Applicants for Negotiation" and "Notice of Contract Award".

The highest recommended application for funding does not assure funding recommendation. For applicants with previous or existing contracts with SFBHN, a historical review of contract performance will also be conducted to determine the applicant's ability to provide the services proposed.

All recommendations for funding from the Substantive Review and historical performance review are then considered by the President/CEO. At this stage, consideration is given to other factors such as alignment with the strategic direction of SFBHN and the statewide plan and furthering of its purposes, effective and economical distribution of funding across target populations, and past provider performance. Other factors may be considered such as: expertise and success of collaborative partnerships, demonstrated achievement of results, performance measures and participant outcomes, duplication of efforts, location of services in underserved geographic areas and/or to underserved population, relevant experience and qualifications of the applicant, and whether the proposed costs of the program are deemed appropriate and reasonable.

Important note: In conducting the substantive Reviews, reviewers will look for information in the proper places in the application. Accordingly, applicants should ensure that all required information is placed in the proper sections or attachments, as noted. Additionally, the criteria for each narrative section is provided only as a guidance for the reviewers.

Remainder of page left blank intentionally

Response Section: COALITION NARRATIVE

CRITERIA

A numerical rating point system will not be used to rank the applications. Reviewers are instructed to recommend applications for funding by answering "Yes" or "No" in the "Reviewer's Overall Comment" section below. The recommendations will be based on the merits of each application. Reviewers are expected to provide comments that identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the projects, and whether the project presents the best value to the community. Questions that SFBHN staff can ask the applicant in order to better understand key elements of the proposed project may be noted as well.

Coalition History and Coalition Member Involvement

Does the applicant clearly addresses the statement of need; vision/mission statement of the coalition; focus of the coalition's efforts, and, if the coalition has a history in the community, the coalition's evolution over time responding to changing community situations?

- Did the applicant provide a description of the target population?
- Did the applicant include how the geographic area proposed is best suited for reaching the indicated population and the demographics that substantiate the community need? Where data and sources of the data noted?
- Are the 12 sectors represented on the coalition? Did the applicant address recruitment and retention of key stakeholders; structure of the board, committees, and/or task forces with best practices?
- Are the MOUs attached and complete, reflecting sectors as expected?
- Did the applicant address the coalition's decision making processes; including commitment from members, partners, and volunteers, the leadership strategies, that support the commitment; and coordination strategies with partners/collaborators toward the coalition goals?
- Did the applicant address the cultural and linguistic responsiveness to the community proposed in a complete manner, focusing on best practice for cultural competency?
- Does the applicant clearly address the identified community's issues and how to prioritize them or how the process of prioritization occurs? Is data collection and reporting addressed in a comprehensive manner to manage the priorities and the proposed plan successfully? Are collection, analysis, and use of data and processes, including the processes with key stakeholders, described to prioritize issues? Are specific data strategies with SFBHN providers addressed? Are specific data strategies with other community entities addressed?
- Did the coalition realistically address how resources will be leveraged and maintained?
- Does the applicant name and address relationships with proposed prevention providers and how this will affect success of the selected strategies? Are MOUs attached for these?
- To what extent does the applicant have a history of success providing similar services in a Prevention coalition
- Was the applicant a previous provider of SFBHN? Did they adequately describe past performance?

NOTES

To what extent did the applicant describe the infrastructure of the organization to manage the Prevention dollars from this solicitation and the expectations for collaboration

To what extent does the applicant have a history of successfully managing grants or contracts of similar size and scope.

- What challenges, if any, might this applicant have in implementing and managing this grant.
- Is the organizational infrastructure able to support this program within the agency?

Staffing (rated based on information found in program description, staffing and partnerships forms and related attachments)

- To what extent is there sufficient staff with the skills and experience needed to successfully implement the program.
- To what extent is staff capable of successfully implementing the program in a culturally competent manner while creating a positive, nurturing, developmentally appropriate program environment.
- To what extent does staff have the ability to work effectively with all children, youth, families, and communities.
- To what extent does the applicant have adequate processes to retain, develop, and train program staff.
- How well did the applicant describe collaboration with SFBHN and the Evaluation entity for participation with technical assistance and training?
- In areas of weakness, has the applicant identified partners to assist.

Reviewer's Name and Title (Please print): _____

Reviewer's signature: _____

Date: _____

Response Section: COMMUNITY

CRITERIA
A numerical rating point system will not be used to rank the applications. Reviewers are instructed to recommend applications for funding by answering "Yes" or "No" in the "Reviewer's Overall Comment" section below. The recommendations will be based on the merits of each application. Reviewers are expected to provide comments that identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the projects, and whether the project presents the best value to the community. Questions that SFBHN staff can ask the applicant in order to better understand key elements of the proposed project may be noted as well.

| | |
|--|---------------------|
| <p>Did the applicant describe the community the applicant coalition intends to serve, describing the context in which the coalition will operate? Do the areas /communities/ neighborhoods selected have populations of 100,000 to 500,000 residents (defined as people who live in the community by the US Census) and are intact municipalities, townships, or "cities"?</p> <p>Does the applicant describe:</p> <ul style="list-style-type: none">• the community, including demographics and aspects of diversity such as age, race, ethnicity, gender, socioeconomic status, culture, religion, and sexual orientation?• what it is like to live and work in the community?• a historical perspective focusing on shifts or events that have had an impact on youth substance use in the community?• The applicant's involvement in the community? | <p>NOTES</p> |
|--|---------------------|

Reviewer's Name and Title (Please print): _____

Reviewer's signature: _____

Date: _____

Response Section: STATEMENT OF THE PROBLEM

CRITERIA

A numerical rating point system will not be used to rank the applications. Reviewers are instructed to recommend applications for funding by answering "Yes" or "No" in the "Reviewer's Overall Comment" section below. The recommendations will be based on the merits of each application. Reviewers are expected to provide comments that identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the projects, and whether the project presents the best value to the community. Questions that SFBHN staff can ask the applicant in order to better understand key elements of the proposed project may be noted as well.

Did the applicant describe the current substance use or other concomitant problems in the identified community to be served? How well did the applicant address:

- the youth substance use problems and any other prioritized issues in the CCAP and Logic Model in the identified community?
- the unique local conditions that contribute to these problems?
- the CCAP and Logic Model to address the issues the coalition will be addressing, using the CCAP, Logic Model, and any current quantitative (statistical survey data) and qualitative (focus groups, town meetings, informal surveys) data on youth substance use for alcohol, marijuana, and prescription drugs, and related concomitant issues?
- the minimum of two substances or related, concomitant issues that coalition will be addressing and describe the specific issues related to those substances that will be addressed in the CCAP and Logic Model?
- the Strategic Prevention Framework (SPF) steps to be implemented?
- the research based/informed Environmental Strategies that will be/have been implemented?
- how the program and staff proposes to work with the Evaluation entity?

NOTES

Reviewer's Name and Title (Please print): _____

Reviewer's signature: _____

Date: _____

Response Section: COALITION 12 SECTORS

CRITERIA

A numerical rating point system will not be used to rank the applications. Reviewers are instructed to recommend applications for funding by answering "Yes" or "No" in the "Reviewer's Overall Comment" section below. The recommendations will be based on the merits of each application. Reviewers are expected to provide comments that identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the projects, and whether the project presents the best value to the community. Questions that SFBHN staff can ask the applicant in order to better understand key elements of the proposed project may be noted as well.

- Are the 12 sectors represented?
- Did the applicant address the status of participation and retention of key stakeholders; structure of the board, committees, and/or task forces, including best practices for the 12 sector representation?
- Is the 12 Sector Table completed in its entirety with sufficient information to understand who the sector representatives are, the entity they represent, and the role and function related to the work of the applicant coalition?
- Did the applicant address what partners will contribute to the overall implementation of a high quality program that benefits participants?
- Are all of the required MOUs attached? Do they acknowledge commitment to the coalition from the individual signing the MOU?

NOTES

Reviewer's Name and Title (Please print): _____

Reviewer's signature: _____

Date: _____

Response Section: 12-MONTH COALITION ACTION PLAN and COORDINATION AND COLLABORATION WITH THE EVALUATION OF THE EFFECTIVENESS OF THE ACTION PLAN

CRITERIA

A numerical rating point system will not be used to rank the applications. Reviewers are instructed to recommend applications for funding by answering "Yes" or "No" in the "Reviewer's Overall Comment" section below. The recommendations will be based on the merits of each application. Reviewers are expected to provide comments that identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the projects, and whether the project presents the best value to the community. Questions that SFBHN staff can ask the applicant in order to better understand key elements of the proposed project may be noted as well.

| | |
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| <ul style="list-style-type: none"> • Did the applicant clearly address the coalition's 12-Month Action Plan for addressing youth substance use in the community? • Are the goals, activities, and strategies consistent with the work of the coalition and clearly noted in the Action Plan? • Did the applicant address how the coalition will self-assess its effectiveness of the 12-month Action Plan? And how staff and coalition members coordinate with and collaborate with the evaluation entity for the effectiveness of the 12-Month Action Plan? • Did the applicant describe how the SFBHN Prevention providers are involved in the Action Plan? | <p>NOTES</p> |
|---|---------------------|

Reviewer's Name and Title (Please print): _____

Reviewer's signature: _____

Date: _____

B. REVIEWERS SUMMARY OF EVALUATION AND RECOMMENDATION FORM

Applicant's

Name: _____

A numerical rating point system will not be used to rank the applications. Reviewers are instructed to recommend applications for funding by answering "Yes" or "No" in the "Reviewer's Overall Comment" section below. The recommendations will be based on the merits of each application. Reviewers are expected to provide comments that identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the projects, and whether the project presents the best value to the community. Questions that SFBHN staff can ask the applicant in order to better understand key elements of the proposed project may be noted as well. *The criterion below is provided only as guidance for the reviewers. The reviewers are not required to provide a response for each criterion.*

Reviewer's Overall Comments

DO YOU RECOMMEND THIS APPLICANT FOR FUNDING: YES / NO (Circle One)

If you do not recommend this applicant for funding, please state the reason(s) why?

Reviewer's Name (Print)

Reviewer's Signature

Date: _____

C. ASSESSMENT OF FINANCIAL STABILITY

To Be Completed by SFBHN Only

Applicant Organization Name: _____

SFBHN Reviewer Name and Signature: _____

Date: _____

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

Agency Name

Audit report Date as of: _____

Current Assets

Cash on hand

Other Assets

Non-current assets

Total Assets

Current Liabilities

Long Term Liabilities

Net Assets

Total Liabilities & Net Assets

-

Total Annual Expenses

Change in Net Assets

Current Ratio:(Current Assets/Current Liabilities) >1.5
is good

#DIV/0!

Days cash on hand:>60 days ideal, > 30 days is good

Working Capital:

Cash Ratio (cash/current liabilities) >1 is good

#DIV/0!

Net Assets as a Percentage of Expenses > 10% is good

#DIV/0!

Loss In term of Net assets

Is audit report unmodified?

Any instances of material weakness in financial reporting?

Any instances of fraud?

Any instances of significant deficiency in financial reporting?

Any instance of non-compliance or other matters as required by GAS?

Notes:

Overall standing:_____