



Southeast Florida Behavioral Health Network  
Request for Applications – SEFBHN IRC26/27 Opioid



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## **Request for Applications (RFA) - SEFBHN IRC25/26 Opioid**

### **Florida Opioid Settlement Implementation Grant for Indian River County**

#### **I. Introduction**

Southeast Florida Behavioral Health Network (SEFBHN) began operations in October, 2012 as the Managing Entity for Behavioral Health Services in Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties under a 5-year contract with DCF. The Contract has since been approved for another 5-year renewal effective July 1, 2025. SEFBHN oversees a budget of more than \$100 million and ensures that quality services and best practices are provided to consumers and families who are eligible to receive DCF Substance Abuse and Mental Health (SAMH) funded services throughout the network.

Southeast Florida Behavioral Health Network (SEFBHN), as the Managing Entity for Behavioral Health Services in Indian River County, and as appointed by the Indian River Board of County Commissioners, invites applications for funding under the Florida Opioid Settlement Agreement. This RFA seeks to implement evidence-based and evidence-informed strategies that address the opioid crisis, in alignment with the Core Strategies and Approved Uses outlined in Exhibit A and Exhibit B of the Settlement Agreement. Applicants must also respond to priorities identified in the Thrive Needs Assessment for Indian River County, including high rates of opioid-related deaths, limited access to treatment, and barriers such as transportation, childcare, and housing.

A failure to read, understand, or comply with the terms of this solicitation may result in SEFBHN's inability to accept or fully consider the response. Parties interested in responding to the solicitation should read the solicitation in its entirety before contacting the SEFBHN Contact Person for further information or submitting written inquiries.

#### **II. Statement of Purpose**

The Southeast Florida Behavioral Health Network (SEFBHN), in partnership with Indian River County, is issuing this Request for Applications (RFA) to identify and fund qualified organizations capable of implementing strategic, evidence-based opioid abatement initiatives. This funding opportunity is made available through the Florida Opioid Settlement Agreement and is intended to address the urgent and complex challenges posed by opioid and substance use disorders (SUDs) in Indian River County.

The Thrive IRC Needs Assessment and Strategic Planning Report (March 2025) identified critical gaps in service delivery, including limited access to detox and residential treatment, fragmented referral systems, insufficient peer support infrastructure, and persistent barriers such as transportation, childcare, and housing instability. Additionally, the community faces high rates of opioid-related deaths, stigma surrounding addiction, and a lack of coordinated crisis response and jail-to-community transition services.

Applicants must demonstrate their ability to deliver culturally competent, person-centered care that reflects the lived experiences of individuals and families affected by opioid use. Proposals should



incorporate peer-led services, cross-sector collaboration, and measurable outcomes that align with the Core Strategies and Approved Uses outlined in Exhibits A and B of the Florida Opioid Settlement Agreement.

SEFBHN is committed to funding programs that not only address immediate service gaps but also contribute to a sustainable, recovery-oriented system of care in Indian River County. This RFA represents a strategic investment in community resilience, public health, and long-term recovery.

The selected provider(s) agrees to follow all applicable Federal and State of Florida rules, regulations and statutes related to contracting and service provision for mental health and substance abuse services. The selected provider(s) will have in place any licenses required to provide these services prior to start date.

### III. Priority Areas

#### Priority #1: Increase Public Awareness and Training / Education Programs

- Develop and fund a **core in-service training program** covering addiction science and recovery stages.
- Create **audience-specific training modules** for:
  - Medical providers
  - Law enforcement
  - First responders
  - Parents and employers
  - School-based and youth development professionals
- Establish a **Training Task Force** to evaluate existing programs and align training efforts across agencies.
- Fund and implement a **countywide stigma-reduction campaign**, including:
  - Recovery storytelling events
  - Media toolkits for businesses, schools, and community organizations
  - Recovery-friendly workplace initiatives

#### ◆ Priority #2: Expand Access to Comprehensive Care & Support Services

- Develop a **coordinated referral and intake system**, including:
  - Centralized intake and referral process
  - Single-point-of-entry model for service navigation
  - Centralized service hub for assessments, peer coaching, housing navigation, and crisis response
- Create and maintain a **countywide services and resource directory** accessible to providers and the public.



- Implement a **stabilization program** for high-barrier individuals (e.g., co-occurring disorders, justice involvement, homelessness).
- Improve **jail-to-community transitions** with discharge planning, transportation, and case management.
- Expand **transitional housing** and wraparound support services.
- Strengthening the **peer support workforce** through certification access, supervision, and career development.
- Enhance **community-based recovery initiatives** and fund public education campaigns on addiction, harm reduction, and recovery.

Additional Strategic Priorities Identified in the IRC Strategic Planning & Needs Assessment:

Priority will be given to initiatives that align with the Core Strategies in Exhibit A and address the specific needs of Indian River County as stated in The Thrive IRC Needs Assessment and Strategic Planning Report (March 2025). These include expanding Naloxone distribution and overdose reversal training; increasing access to Medication-Assisted Treatment (MAT); providing services for pregnant/postpartum women and infants with Neonatal Abstinence Syndrome (NAS); implementing warm hand-off and recovery services; supporting treatment for incarcerated populations; and developing prevention programs and syringe service programs. Programs must also address barriers such as transportation, childcare, and stigma, and incorporate peer support and community engagement strategies.

#### IV. Approved Uses

Applicants may select from the broader list of Approved Uses in Exhibit B, including treatment and recovery support, prevention and education, harm reduction, criminal justice interventions, services for families and children, workforce development, and research. Proposals should demonstrate how these uses will be tailored to the Indian River County context, with emphasis on expanding service availability, improving provider coordination, and supporting long-term recovery.

#### V. Funding and Terms of the Contract

Funding is contingent upon allocations outlined in Exhibit C of the Florida Opioid Settlement Agreement. Contracts will be awarded for an initial term of 12 months, with an annual budget reflecting operational and incidental expenditures. Renewal is subject to performance, availability of funds, and renegotiation of terms. The initial term of this contract will be from April 1, 2026, through March 30, 2027.

#### VI. Eligibility

Eligible applicants include local governments, non-profit organizations, behavioral health providers, educational institutions, and criminal justice entities operating within Indian River County. Applicants



must demonstrate experience in behavioral health service delivery and capacity to implement opioid abatement strategies.

## **VII. Board Member Disclosure and Conflict of Interest Policy**

All applicants must disclose any actual or potential conflicts of interest involving board members, officers, or key personnel. In accordance with **Florida Statutes § 607.0832** and **§ 496.4055**, a conflict of interest transaction includes any arrangement in which a board member has a direct or indirect financial interest that could reasonably be expected to impair their objectivity or influence decision-making. Applicants must have a formal conflict of interest policy in place, including procedures for identifying, disclosing, and managing such conflicts. Annual certification of compliance with this policy by all directors, officers, and trustees is required. Any board member with a material financial interest in a transaction must recuse themselves from related decisions. Failure to disclose or manage conflicts may result in disqualification from funding consideration.

## **VIII. Application and Bid Selection Process**

There are two phases to the selection process:

### **Phase I – Written Applications**

Applicants will submit a separate response for each program they propose to operate. All written applications must meet the mandatory criteria as listed in Section **IX. A.** Those that do not will be considered non-responsive and will not be evaluated further. All applications should address and answer each of the Written Application Program Components Criteria as thoroughly as possible as listed in Section **IX. D.**

SEFBHN would prefer no more than a **ten (10)** page narrative response utilizing Times New Roman Font -Size 12, exclusive of budget documents and any supporting attachments. All applications that meet the Mandatory Criteria will be reviewed and scored by a team of reviewers composed of staff from SEFBHN and Community Stakeholder Agencies. Written Application Scoring Criteria and the weighted point value for each program component is outlined in Section **IX. C.** Applications that do not exceed **10** pages and are submitted in the requested font will be awarded an additional 5 points. If the response to the application does not follow the order of questions as presented, the bidder should include a crosswalk to indicate where the specific response can be found within the application. The maximum number of points an applicant can earn for each application is five hundred twenty-five (525) points. The threshold to be eligible to move forward in the selection process is four hundred twenty (420) points. The top scorers, as determined by the average of each evaluation team member's scores, who are above the established threshold, will then be invited to give an oral presentation for each Program they propose to operate.

### **Phase II – Oral Presentations**

Oral presentations will not exceed 20 minutes and will be evaluated utilizing the criteria listed in Section **IX. E.** Applicants who have been selected for oral presentation and are proposing to operate more than one program will be given an additional 10 minutes for each additional **program to**



address **community** specific issues that will impact their ability to operate said program. Up to 15 minutes may be reserved for a question period at the end of the presentation. If a selected applicant does not participate in the oral presentation they will no longer **be considered** for the award. The Oral Presentations will be evaluated by the **Indian River County Opioid Taskforce Committee**.

Final cumulative scoring (only applicable to providers who are invited to present):

The average score for the written responses and the average score for the oral presentation will be combined for a total score. SEFBHN will select the provider(s) with the highest score for each program but has discretion in selecting a different application if the cumulative score is within 5 points of the highest scoring application.

Questions may be directed to Jenny Garcia, Chief Operating Officer via email

[Jenny.Garcia@sefbhn.org](mailto:Jenny.Garcia@sefbhn.org) . The subject line of the inquiry should be: SEFBHN IRC26/27 Opioid RFA – Inquiries. Responses to the question will be posted on the SEFBHN website. Any changes to the content, activities, dates, times or locations will be accomplished by addenda that will be posted on the SEFBHN website. It is the responsibility of the applicant to check the website for responses to questions and any posted addenda.

Execution of a contract resulting from this RFA is contingent upon final approval of the SEFBHN Board of Directors – Executive Committee.

## **IX. Mandatory Criteria**

### **A. Mandatory Criteria**

1. Applications must be received by 3:00 PM Eastern Standard Time (EST) on October 10, 2025. The response should be submitted electronically in a PDF File to [Peter.Bosco@sefbhn.org](mailto:Peter.Bosco@sefbhn.org) .
2. The applications will include the signed **APPENDIX A – Application Cover Sheet**.
3. Applicants must be existing SEFBHN providers who are in good standing with their contract or former providers whose contract ended on good terms within the last 90 days from date of this application or have submitted a completed Application to Become an SEFBHN Qualified Provider prior to, or with this application. **APPENDIX C, Application to Become an SEFBHN Qualified Provider** is included in this RFA for new prospective providers.
4. New or former providers must submit their most recent Independent Financial and Compliance Audit. If the threshold for an audit is not met, the **Certification of Compliance with Financial Compliance Audit Requirements** is to be submitted. – **APPENDIX D**
5. Minimum of five (2) years as a provider of behavioral health services. Attach proof of incorporation or other documentation.
6. The application includes the signed **Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contract/Subcontracts - APPENDIX E**
7. The application includes the signed **Certification Regarding Lobbying for Contracts, Grants, Loans, and Cooperative Agreements – APPENDIX F**

### **B. Right to Waive Minor Irregularities Statement**





SEFBHN reserves the right to reject any and all responses or to waive minor irregularities when to do so would be in the best interest of Indian River County. Minor irregularity is defined as a variation from the Request for Applications terms and conditions which do not affect the price of the response or give the applicant an advantage or benefit not enjoyed by other applicants, or do not adversely impact the interest of SEFBHN. At its option, SEFBHN may correct minor irregularities but is under no obligation to do so whatsoever.

### **C. Written Application Scoring Criteria:**

The following criteria will be used to assess the written application response to each program component and thus how points will be awarded. Some questions have a weighted value as outlined in **Table I – Point Value for Program Component Criteria**. The assigned score for each program component criteria will then be multiplied by the weighted value to determine the score for that particular component criteria.

**0** = No response or the applicant's response does not address the program component specified.

**2** = The applicant's response fails to demonstrate the Respondent's understanding of the requirements for the program component specified or the ability to provide the service.

**4** = The applicant's response does not meet all specifications and requirements for the program component specified, or it demonstrates minimum understanding of the requirements for the program component specified.

**6** = The applicant's response meets all specifications and requirements for the program component specified.

**8** = The applicant's response meets all specifications and requirements for the program component specified. The approach is comprehensive and complete in every detail. The proposed approach contains some innovative details for the specified component.

**10** = The applicant's response exceeds all specifications and requirements for the program component specified. The approach is innovative, comprehensive, and complete in every detail.

Table I – Point Values for Program Component Criteria

#	Program Component Criteria	Possible Score	Weighted Value	Maximum Points
1	Scope of Work	10	7	70
2	Discharges	10	5	50
3	Staffing	10	5	50
4	Performance Measures	10	4	40



5	Provider Unique Qualifications	10	5	50
6	Community Specific Unique Vendor Qualifications	10	4	40
7	Recovery Oriented System of Care	10	4	40
8	Opioid Settlement Approved Uses	10	5	50
9	Quality Assurance	10	3	30
10	Applicable Licenses	10	3	30
11	Letters of Support (minimum of 3)	10	0	10
12	Budget and Budget Narrative	10	6	60
13	Narrative does not exceed 10 pages	5	0	5
				525

## D. Written Application Program Component Criteria

### Scope of Work

#### 1. Scope of Work

- a. Applicants must describe how they will implement opioid abatement services that align with the Florida Opioid Settlement Agreement and address the priorities identified in the Thrive Needs Assessment for Indian River County. The Scope of Work must reflect evidence-based practices, community engagement, and (data-driven) measurable outcomes.
  1. Evidence-Based and Recovery-Oriented Services
  2. Responsiveness to Local Needs
  3. Comprehensive and Integrated Care
  4. Peer-Led and Community-Based Initiatives
  5. Collaborative and Culturally Competent Approaches
  6. Performance Measurement and Evaluation

#### 2. Discharges

- a. It is required that each program plan for discharges. Please describe the methodology your organization would use to assess which persons should be moved to a less intensive level of treatment. The response should address the following:
- b. What is necessary to prepare an individual to eventually step down from these services?
- c. Time frames associated with the discharge planning process.
- d. What measures would be used (frequency of contact, admissions to Hospitals, ASU receiving facilities, and a specific measurement tool to evaluate readiness)?
- e. The team's approach/role to this process.
- f. Address the approach to resistance by individual and family and varying stability.

#### 3. Performance Measures

- If your organization currently operates this program, please provide a table with the last two years of performance measure outcomes.

- If your organization does not currently operate this program, please provide a summary of performance outcomes regarding other behavioral health programs operated by the applicant to include the percentage of outcome measures met in the last two years. Examples of performance outcome measures are included in **APPENDIX G**.

**4. Provider Unique Qualifications**

- a. Please describe any special capabilities or qualifications your organization believes will enable you to successfully operate this program. Include experience operating programs and your organization's experience in taking on challenging projects in a short time frame – provide an example and include the outcomes of the project.

**5. Community Specific Unique Vendor Qualifications**

- a. Describe the relationships you have within the designated county where these programs services are provided that will enable your team to effectively link an individual to the necessary supports the individual needs and/or desires as referenced in their recovery plan. These supports/services would be those that augment the services/supports/treatments the individual being served needs (i.e. medical, dental, legal, employment/vocational, day services/activities, unique psychiatric, and substance abuse treatment services not provided and leisure interests).
- b. Examples of necessary relationships for successful implementation of a program include:
  - Linkages with local NAMI chapters and other peer support groups
  - Local jail
  - Courts
  - Emergency rooms and trauma centers
  - Local psychiatric inpatient units
  - Housing resources
  - Assisted living facilities.
  - Adult family care homes
  - Supportive housing
  - Faith-based organizations
  - Other behavioral health organizations
  - Co-occurring resources (i.e. outpatient/inpatient, support groups, etc.)

**6. Recovery-Oriented System of Care (ROSC)**

- a. Please describe your experience with ROSC and your organization's involvement with the community, stakeholders, and other entities. Include your agency's approach to recovery, the aspects of recovery-oriented system of care, and how these aspects will be reflected in the implementation of your Program.

**7. Quality Assurance**

- a. Describe the Quality Assurance (QA) processes that will be used by your agency to ensure fidelity to this program. Include how the information obtained from these QA processes is used to continuously improve the delivery services.

8. Provide copies of all applicable licenses (i.e., Department of Children and Families, Agency for Health Care Administration, etc.).
9. Include at least 3 letters of Support.
10. Include a detailed Budget and Budget Narrative to reflect operational expenditure and incidental expenditures for each fiscal year of the proposed term of the contract as noted in Section III of this RFA. Refer to **APPENDIX B, Budget Narrative Instructions**.
11. Narrative portion of application does not exceed 10 pages exclusive of cover sheet and all other attachments.

#### **E. Oral Presentation Scoring Criteria**

The following criteria will be used to assess the oral presentation. The rater can include information provided in the presentation and answers to questions asked during the presentation in determining the score. The final score for the oral presentation will be the average of all rater's scores.

**0** = The presentation does not address the requirements outlined in Section VII.D. of this RFA.

**20** = The presentation is not clearly presented or comprehensive. Demonstrates poor organizational and programmatic capacity. Level of detail may leave the rater with many unanswered questions.

**40** = The presentation is somewhat clear but may not be comprehensive. Demonstrates fair organizational and programmatic capacity. Level of detail may leave the rater with several unanswered questions.

**60** = The presentation is clear and comprehensive. Demonstrates good organizational and programmatic capacity. The presentation demonstrates some innovation. Level of detail leaves the rater with no unanswered questions.

**80** = The presentation is very clear and comprehensive. Demonstrates superior organizational and programmatic capacity; Presentation demonstrated innovation. Level of detail leaves the rate with no unanswered questions.

#### **F. Oral Presentation Requirements**

**The presentation should address the following:**

- Experience operating a program and/or behavioral health services addressing both successes and challenges.
- Steps that will be taken to establish the program including hiring of staff, obtaining a physical location and office equipment and supplies.

**Alternatively** – if an existing SEFBHN program provider is selected to give an oral presentation they should be prepared to provide an overview of their current programs. The overview should include number of participants served in FY 24/25, the average length of stay for participants, the number of participants that were assisted in finding housing and

employment, a breakdown of diagnoses for each participant, success in keeping program fully staffed, innovative practices used with participants, and the process used to determine which participants, if any, could be served at a less intensive level of services than this program, successes and opportunities for improvement

- Expounding upon the information provided in the written application includes the unique qualifications to work within the community the applicant proposes to operate this program or how they will engage the community if they are not currently operating.
- Additional innovations or practices that will result in a program being considered a model for other teams to emulate.
- The Applicant was able to thoroughly answer all questions proposed during the oral presentation.

## **G. Post Award Requirements**

Upon final contract award announcement, the successful applicant(s) must be prepared to submit the following.

If not already on file:

one (1) original signed document for those requiring a signature or copy of the following documentation prior to contract execution or within 60 days of contract execution as indicated.

- Most recent IRS Form 990 or IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies).
- A list of all current contracts and grants, as well as pending applications, including:
  - Awarding agency name
  - Amount
  - Period of performance
  - Purpose of the contract/grant
  - Contact name and phone number

Prior to Contract Execution:

- Proof of insurance naming SEFBHN and Department of Children and Families as an additional insured.
- Current Personnel Manual or Employee Handbook.
- Certificate of Incorporation.
- Proof of Registration with SunBiz.
- Updated single audit report (A133) or certified statements, if differs from one submitted with proposal or already on file with SEFBHN.
- Organization Chart.
- Current list of Board of Directors.
- Letter for Signature Authority.
- Contact Information for Key Personnel attached to this contract.
- Updated Budget documents following contract negotiation.



Within 60 days Following Contract Execution:

- Policies regarding use of Evidence-Based Practices.
- Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated.
- Civil Rights Compliance Checklist.
- Auxiliary Aids Services Plan and Monitoring Plan.
- Service Delivery Narrative – template to be provided to successful applicants by SEFBHN and due within 60 days following contract execution.

## X. Schedule of Activities & Timelines

ACTIVITY	DATE	TIME	INFORMATION
Solicitation released	Tuesday September 9, 2025	N/A	The RFA will be posted on the SEFBHN website and sent electronically to all SEFBHN providers
Applications must be received by SEFBHN	Friday October 10, 2025	3:00 P.M. [EST]	Send electronically to <a href="mailto:Peter.Bosco@sefbhn.org">Peter.Bosco@sefbhn.org</a>
Instruction and training of Phase I – written applications evaluators	Tuesday October 15, 2025	11:00 A.M. [EST]	Southeast Florida Behavioral Health Network, 8895 N. Military Trail Suite E-102 Palm Beach Gardens, FL 33410
Debriefing meeting of Phase I – written applications evaluators and ranking of the applications	Wednesday October 23, 2025	1:00 P.M. [EST]	Southeast Florida Behavioral Health Network, 8895 N. Military Trail Suite E-102 Palm Beach Gardens, FL 33410

Notice of Applicants invited to provide Oral Presentation (Phase II) of evaluation process posted on SEFBHN Website to include rankings and scores of all written applications	Thursday October 30, 2025	12:00 P.M. (EST)	
Oral Presentations (Phase II)	To be Scheduled During IRC November Opioid Task Force Meeting	Times will vary	<p>The schedule of Oral Presentations will be posted on the SEFBHN website.</p> <p>Oral presentations can be completed through Teams Meeting or similar web-based platforms if requested by the applicant in advance.</p>
RFA Finalists Reported by SEFBHN to IRC PSCC	Friday November 21, 2025	12:00 PM (EST)	
Notice of Award for selected applicants Posted to SEFBHN	Monday December 1, 2025	4:00 PM (EST)	The Applicant or Applicants selected to move forward in the Negotiation process will be posted on the SEFBHN website
RFA Finalists reported IRC BOCC	Meeting TBD		
Negotiations begin	Monday December 8, 2025	As scheduled	Southeast Florida Behavioral Health Network, 8895 N. Military Trail Suite E-102 Palm Beach Gardens, FL 33410
Recommendation of Selected Program Provider to the SEFBHN Board of Directors – Executive Committee	Tuesday December 16, 2025	December Board of Directors – Executive Committee Meeting  2:30 P.M. (EST)	Southeast Florida Behavioral Health Network, 8895 N. Military Trail Suite E-102 Palm Beach Gardens, FL 33410
Anticipated effective date of contract	April 1, 2026	N/A	N/A

## **XI. Appeal Process**

Protests, appeals, and disputes are limited to procedural grounds. An applicant that is aggrieved by a procedural determination in the competitive process may file a written claim to appeal, protest, or dispute the determination within seventy-two (72) hours following the electronic transmission of written notification from SEFBHN that the applicant was not granted the award. It is the applicant's responsibility to check their email for said notification. Calculation of the 72-hour deadline for filing of the notice of protest shall not include weekends or SEFBHN holidays in the calculation of such deadline.

Protests, appeals, or disputes may only challenge a procedural matter related to solicitation and may not challenge discretionary matters such as the relative weight of the evaluation criteria or the formula specified for assigning points contained in the solicitation. A protest, appeal, or dispute is limited to challenging errors in procedural due process, errors in mathematical calculations, or omissions to score sections by the review team. Failure to timely submit a notice, written protest or bond within the required time frame shall constitute a waiver of such a party's right to protest.

SEFBHN will render a decision within 14 business days, as to the legitimacy of the protest, which will result in one of the following outcomes:

1. The original selection will stand, and notification will be posted on the SEFBHN website with direct notification to the agency filing the protest and the agency that was initially selected for the award.
2. All original responsive applications that were received will be reviewed and ranked again to ensure full vetting. Notification of this outcome will be posted on the SEFBHN website with direct notification to the agency filing the protest and the agency that was initially selected for the award.
3. The Procurement Solicitation will be advertised again with a new timeline and open to all prospective applicants.

SEFBHN's decision is final and binding.



## XII. References

1. Florida Department of Children and Families. Florida Opioid Settlement Agreement. <https://www.dropbox.com/scl/fi/63tkre5ewz4t6eedkuocl/FL-Opioids-Allocation-SW-Resp-Agreement-with-Exhibits.pdf?rlkey=u15tc1iddeczhldxaq1j2kjg&e=2&dl=0>
2. Thrive IRC & The Flick Framework. Indian River County Opioid & Substance Use Strategic Planning and Needs Assessment. March 2025. [Opioid-SUD-Strategic-Planning-Priorities.pdf](#)
3. Thrive IRC Comprehensive Report. <https://thrive-irc.org/wp-content/uploads/2025/07/Thrive-Needs-Assessment-Comprehensive-Report.pdf>



## APPENDIX A

### Application Cover Sheet

Name/Number of RFA: Indian River County Opioid Settlement Request for Application

Incorporated Name of Applicant: \_\_\_\_\_

Type: Non-Profit \_\_\_\_\_  
For-Profit \_\_\_\_\_ Other (please indicate) \_\_\_\_\_

Federal ID Number \_\_\_\_\_

DUNS Number \_\_\_\_\_

Corporate Address of Applicant: \_\_\_\_\_

Applicant/Organization Head - Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Authorized Representative of Applicant to Sign Application – Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Mandatory Criteria

1. Applications must be received by 3:00 PM Eastern Standard Time (EST) on October 10, 2025. The response should be submitted electronically in a PDF File to [Peter.Bosco@sefbhn.org](mailto:Peter.Bosco@sefbhn.org).
2. The applications will include the signed **APPENDIX A – Application Cover Sheet**.
3. Applicants must be existing SEFBHN providers who are in good standing with their contract or former providers whose contract ended on good terms within the last 90 days from date of this application or have submitted a completed Application to Become an SEFBHN Qualified Provider prior to, or with this application. **APPENDIX C, Application to Become an SEFBHN Qualified Provider** is included in this RFA for new prospective providers.
4. New or former providers must submit their most recent Independent Financial and Compliance Audit. If the threshold for an audit is not met, the **Certification of Compliance with Financial Compliance Audit Requirements** is to be submitted. – **APPENDIX D**
5. Minimum of five (2) years as a provider of behavioral health services. Attach proof of incorporation or other documentation.
6. The application includes the signed **Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contract/Subcontracts - APPENDIX E**
7. The application includes the signed **Certification Regarding Lobbying for Contracts, Grants, Loans, and Cooperative Agreements – APPENDIX F**

**Authorization:** (application must be signed by an authorized representative of the organization submitting the application)

I, \_\_\_\_\_ (name), hold the office or position of \_\_\_\_\_ (title) with \_\_\_\_\_ (legal name of Applicant) and I currently have the authority to make binding representations to SEFBHN and sign all documents submitted on behalf of the above-named Applicant in response to **RFA # SEFBHN IRC26/27 Opioid RFA**, and, in so doing, to bind the named Applicant to the statements made therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SEFBHN IRC26/27 Opioid RFA Budget Narrative Instructions

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

---

### **Personnel**

List each Program staff member's position title and a description of the duties they will perform under the proposed contract.

### **Fringe Benefits**

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

### **Building Occupancy**

Explain what the space will be used for and why it is necessary for the contract. 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.

### **Professional Services**

Explain in full the purpose and necessity of consultants or other professional staff. Include the dollars associated with each service.

### **Travel**

Explain who will be traveling, where they will be traveling and for what purpose. Reimbursement rates cannot exceed allowable rates paid by DCF.

### **Equipment**

Explain the need for equipment. Will equipment be purchased or leased. Include equipment maintenance agreements and cost.

### **Food Services**

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

### **Medical and Pharmacy**

If applicable describe how these services are provided and how cost is determined.

### **Subcontracted Services** *The services to be provided through this contract may not be subcontracted*

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

### **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).

**Interest Paid**

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

**Operating Supplies & 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.

**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.

**Other Expenses**

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

**Incidental Expenses** – Include projected costs for Incidental Expenses; include process as to how incidental funds are utilized to support the treatment plan for the client

**Other Support Costs**

Indicate briefly what costs by type you have included in Other Support Costs.

**Administration**

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

**Non-Expendable Property/Capital Expenditures**

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 for this project will be required.

Application to Become an SEFBHN Qualified Provider

Name of Prospective Provider:

Address:

Phone:

Contact Person:

Agency Representative with Signature Authority:

I - The following criteria are non-negotiable in order to move forward with becoming an SEFBHN Qualified Provider. A “Yes” response to either of these questions will result in your application being denied.

1. Are you or is your agency on the Florida Department of Children and Families Convicted Vendor List? ☐ Yes ☐ No

2. Are you or is your agency on the excluded entities listing maintained by the Federal Government System for Award Management? ☐ Yes ☐ No

If no – attach an original signed copy of the Certification Regarding Debarment and Suspension.

3. Are you or is your agency excluded from Florida Medicaid or Medicare? ☐ Yes ☐ No

4. Have you or your agency ever had a provider number with Florida Medicaid or Medicare revoked? ☐ Yes ☐ No

II - The following criteria will be reviewed by SEFBHN staff as assigned by the Chief Operating Officer (COO). A recommendation to approve or disapprove the application will be made to the COO and the final decision will be made by the Chief Executive Office. If an application is not approved the applicant will have the opportunity to remediate the information found to be insufficient by resubmitting their application.

1. Explain and describe you or your agency’s experience and commitment to providing services to persons with mental health or substance abuse disorders. How does your agency provide recovery-oriented services to persons with mental health and/or substance abuse disorders and their families? Include a description of the Evidence Based Practices your agency uses and the qualifications of staff to utilize them.

2. Describe you or your organization and its current infrastructure to include the following information

a. Readiness and capability to acquire an additional program



- b. Experience in taking on and implementing new projects/programs in a short time frame
  - c. Fiscal Health – How many months of working capital do you operate on
  - d. Experience in providing services in the SEFBHN service delivery area of Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties
  - e. Experience in providing service in Florida
3. Describe the types of services you propose to offer within the Southeast Florida Behavioral Health Network. How are the services you provide Person Centered? Include the population to be served and location of services
4. Do you have any current or previous contracts with any other Florida Managing Entity? If yes, include the following information. Provide documentation from the Managing Entity.
- a. Name of the Managing Entity
  - b. Type of services provided in the contract
  - c. Amount of Contract
  - d. Beginning and end date of Contract
  - e. Outcomes – Did you meet your performance measures and is the contract in good standing. If the contract is expired, please describe the reason for expiration without renewal?
5. Have you ever had a contract with any funder terminated for cause? If yes, provide a detailed response to include who the funder was, the dates of service and termination, the reasons for the termination and whether the funder (provide documentation from funder) would consider contracting with your agency in the future.
6. What licenses do you or your agency currently hold or that you have applied for and are pending? Attach copies of licenses and/or applications
7. Have you ever had a license terminated for cause or had a license not renewed upon application?
- If yes, provide a detailed response to include who the licensing authority was, the date of termination, the reasons for the termination and whether the licensing authority (provide documentation from licensing authority) would consider issuing a license for your agency in the future.
8. Are you or your agency a Medicaid Provider or do you or your agency have a pending application to become a Medicaid Provider for behavioral health services? Indicate which



services you are approved to provide. Attach applicable documentation. If you are currently not enrolled as a Medicaid Provider – what plans do you have to do so.

☐Yes ☐No ☐Application Pending

9. Is your agency currently Accredited by or do you have a pending application with a National Accrediting Body such as Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (JCAHO). If so – attach a copy of your Certificate of Accreditation or documentation of a pending application.

☐Yes ☐ No ☐ Application Pending

10. Indicate your status as a For Profit or Not for Profit Agency. Note that there is very limited funding for Profit Agencies and contracts will only be considered with For Profit Agencies based on very specific needs in which the services to be provided are of an emergent nature or not readily available from a Not-For-Profit Agency. Click or tap here to enter text.

III – The following applies to previous SEFBHN providers who had a contract terminated for cause by SEFBHN.

1. Attach documentation that all findings that resulted in termination of your contract have been rectified. This can include but is not limited to change in board composition, a new physical location, an audit indicating sound financial health, new licenses issued, certification acquired, and positive performance in contractual relationships with other funders. The decision to approve a provider previously terminated for cause will be made by the CEO who will take all information provided in this application under advisement.

IV- Attestation – include the following statement in your application. The application will be rejected without this statement.

“I Click or tap here to enter text., do hereby attest that the information submitted in this application to become a qualified SEFBHN provider is true, accurate and complete to the best of my knowledge and I understand that any falsification or omission may result in said application being denied.”

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**Certification of Compliance with Financial Compliance Audit Requirements**

**Provider Name:** \_\_\_\_\_

Both pages of this document must be completed in their entirety, including all parts of the signature block as well as the declaration of the agency's fiscal year end. Regardless of the requirement to complete a State or Federal level audit, all agencies are required to complete all four state audit schedules per 65E-14.003: Schedule of State Earnings; Schedule of Related Party Transaction Adjustments; Schedule of Bed-Day Availability Payments; and, Actual Expenses and Revenues Schedule.

**A. State Requirements: For the Year Ended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

In the event the provider expends \$750,000 or more in state financial assistance during its fiscal year, the provider must have a State single or project-specific audit conducted in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. The provider agrees to provide a copy of the single audit to the Managing Entity's Compliance Administrator. In the event the provider expends less than \$750,000 in State financial assistance during its fiscal year, the provider agrees to provide certification to the Managing Entity's Compliance Administrator that a single audit was not required.

☐ I hereby certify my agency expended \$750,000 or more in state financial assistance during our fiscal year.

☐ I hereby certify my agency did not expend \$750,000 or more in state financial assistance during our fiscal year.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Authorized Individual**

\_\_\_\_\_  
**Contract or Agreement  
Number**

**B. Federal Requirements: For the Year Ended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

In the event the provider expends \$750,000 or more in Federal awards during its fiscal year, the provider must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR §§ 200.500-200.521. The provider agrees to provide a copy of the single audit to the Managing Entity's Compliance Administrator. In the event the



provider expends less than \$750,000 in Federal awards during its fiscal year, the provider agrees to provide certification to the Managing Entity's Compliance Administrator that a single audit was not required. In determining the Federal awards expended during its fiscal year, the provider shall consider all sources of Federal awards, including Federal resources received from the Managing Entity, Federal government (direct), other state agencies, and other non-state entities.

☐ I hereby certify my agency expended \$750,000 or more in Federal awards during our fiscal year.

☐ I hereby certify my agency did not expend \$750,000 or more in Federal awards during our fiscal year.

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**Signature**

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**Date**

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**Name of Authorized Individual**

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**Contract or Agreement  
Number**

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Contracts/Subcontracts**

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).

**A. 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. The Southeast Florida Behavioral Health Network ("ME") 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 ME 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 ME's assigned Compliance Administrator 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. The ME 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 ME contract file. Subcontractor's certification must be kept at the provider's business location.



**B. 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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Title**

**Certification Regarding Lobbying for Contracts, Grants, Loans, and Cooperative Agreements**

- A. The undersigned certifies, to the best of his or her knowledge and belief, that:
1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
  2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
  3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- B. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Authorized Individual**

\_\_\_\_\_  
**Application or Contract Number**

\_\_\_\_\_  
**Name of Organization**

### Performance Outcome Measure Examples

Measure	Description	Program	Program Type	Target
<b>M0755</b>	Percentage of adults who successfully complete substance abuse treatment.	Adult	Substance Abuse	51.00%
<b>M0756</b>	Percent of adults with substance abuse who live in stable housing environment at the time of discharge.	Adult	Substance Abuse	94.00%
<b>M0754</b>	Percent change in number of adults arrested 30 days prior to admission versus 30 days prior to discharge.	Adult	Substance Abuse	15.00%
<b>M0753</b>	Percentage change in clints who are employed from admission to discharge.	Adult	Substance Abuse	10.00%
<b>Detox</b>	Percent of Detox readmissions within 30 days.	Adult	Substance Abuse	15.00%