Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

City of Jacksonville, Florida
Procurement Award Form (PAF)

Part 1: Form Type JPAC Award Request and Administrative Details

Goods and/or Services: Matrix Program - RFP 15941-24,3

Requested Action/Authority:

Recommend approval of award to the highest scoring responsive, responsible supplier, I.M. Sulzbacher Center for the Homeless, Inc. Contract period will be October 1, 2024 through September 30, 2027. Maximum indebtedness for year one is not-to-exceed $1,978,882.44.

Justification/Explanation:

I.M. Sulzbacher Center for the Homeless, Inc. is to provide Residential Substance Abuse Education, Treatment, Case Management & Community Reintegration Aftercare Program for adult inmates within the Duval County Correctional System that incorporates the Scope of Services identified in Exhibit A and Fee Schedule identified in Exhibit B.

Legal Contract #:	N/A	Contract Date:	10/01/2024	Change Order/AMD #:	N/A	
PO/Release #:	N/A	Bid Date:	08/19/2024	Awarded Supplier:	IM Sulzbacher Center for the Homeless	
Licenses Verified:	N/A	Effective Date:	10/01/2024	Basis of Award:	Highest Evaluated	
Federally Funded:	No	No. Invited:	7	Responses Received:	3	Attachments:
Solicitation:	RFP-NONCON 15941 - 24			Procurement Contract #:	N/A - N/A	
Executed By:	Office of General Counsel					

PoP:Base:	1 year	Options:	Two 1-Year renewal options	Extension(s):	N/A
JSEB Rec.:	N/A	%:	N/A	Bonds Waived Pursuant To:	N/A

Fund:	00111	Center:	164002	Acct:	531090	Proj:	000000	Activity:	00000394	$	1,978,882.44
Fund:		Center:		Acct:		Proj:		Activity:		$	
Fund:		Center:		Acct:		Proj:		Activity:		$	

New NTE/GMP:	$ 1,978,882.44	Contingent Amount:	$ 0	DMP/ODPO Amount:	$ 0

Using Agency/BU:	RPBH:SOCIAL_SERVICES			
Concurrence:	DocuSigned by: Johnnetta Moore 8ECACEECFE4D412...	Title:	CHIEF OF SOCIAL SERVICES	9/30/2024
Concurrence:		Title:		
Concurrence:		Title:		
Concurrence:		Title:		

Procurement Analyst/Buyer:	Signed by: Barnett, Renata 7771B2C9F56442C...	Chief of Procurement:	DocuSigned by: B19F1D517352456... 10/1/2024
Name:	Barnett, Renata	Name:	Dustin L. Freeman

Part 2: JPAC Actions on Above Requests/Recommendations
All Award Actions Subject to Lawfully Appropriated Funds

Members Who Approve:	
Members Who Disapprove:	
Other Action:	

Date:

Part 3: Final Awarding Authority Action

Action:

Date:

Signature:

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

PAF Instructions

Form Type: Select the type of award from the dropdown options. This form will be used for all Procurement awards (Administrative Awards and JPAC Requests).

Goods and/or Services: Enter a brief description of the types of goods and services included in the request.

Requested Action/Authority: Enter a brief description of the requested action or authority being sought. i.e.; *request permission to award to the lowest, responsive responsible bidder for ITB or award the highest ranked supplier for an RFP*.

Justification/Explanation: Enter a brief justification or explanation for the requested action. Use this box to add any additional information such as additional account strings, or other information essential for contract execution.

Legal Contract Number: Provide the existing City contract number if applicable. This will be the same number as your POA number.

Contract Date: Select the effective date for the contract using the calendar option in the form. Leave blank for contracts to become effective on the execution date.

Change Order/AMD #: Provide the applicable Change Order or Amendment number represented by this request.

Date: Enter the date of PAF submission.

Effective Date: Enter the effective date of requested authority and/or action.

Solicitation: Select the competitive procurement method used (1Cloud generated prefix), enter the 1Cloud generated numbering sequence, and 1Cloud generated fiscal year of solicitation

Basis of Award: Select from Lowest Price Technical Acceptable (LPTA), Highest Price Technical Acceptable (HPTA),

Procurement Contract #: This is your PO number. Select Type, Enter Number

PO/Release Number: Enter PO Release Number

Awarded Supplier: Enter Awarded Supplier Name

Federally Funded: Select yes or no from dropdown if Federal Funds will be used.

Responses Received: This is the number of responses received.

No Bids Received: The number of responses received that indicated supplier would not bid.

Executed By: Select whether executed by OGC or JPAC / Chief of Procurement

PoP Base: Select the Period of Performance for the initial period.

Options: Period for each renewal period i.e. one (1) two (2) year.

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Extensions: How many extensions have we preformed after the initial base period and option periods have been completed?

JSEB Goal: Select the percentage established by JSEB.

JESB Other: Select Encouragement or Set Aside Option

Bonds Waived Pursuant to: Select authority allowing bonds to be waived.

Funding Source: Fund/Center/Account/Project/Activity, all fields are required even if zeros.

New NTE/GMP: Enter the new total not to exceed the amount. Note, this should match the contract maximum indebtedness, if applicable**.**

Contingent Amount: If your agency requests an allowance for unforeseen additional expenses, then specify the amount of your requested increase and new NTE that represents the contingency allowance. This is over and above any quote.

DMP/ODPO Amount: Enter the total Direct Materials Purchase/Owner Direct Purchase Order amount for project.

Attachments: Name any attachments included as supplemental information to the PAF.

Using Agency/BU: This should be the requesting agency/requirement owner.

Concurrence: Electronic Signature

Title: Enter the title of person electronically signing form.

**Any fields where there is no data available, or no entry is required, either leave it blank or enter N/A. Any fields where there is known data, include for informational purposes. Any changes to an original award should contain the data that is being changed and any other relevant data required for JPAC review and approval.*

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

City of Jacksonville, Florida

Daryl Joseph, Director

Parks, Recreation and Community Services Department
214 N Hogan Street, 4th Floor
Jacksonville, FL 32202
(904) 255-7919
www.coj.net

ONE CITY. ONE JACKSONVILLE.

MEMORANDUM September 25, 2024

TO: **Dustin Freeman, Chief**
Procurement Division

FROM: **Krysta Meeker, Human Services Planner III** KM
Social Services Division

THRU: **Johnetta Moore, Chief**
Social Services Division

RE: Residential Substance Abuse Education, Treatment, Case Management & Community Reintegration Aftercare Program for Adults Inmates within the Duval County Correctional System, **{MATRIX PROGRAM}**

The Parks, Recreation and Community Services Department Social Services Division has chosen the vendor with highest score from the award solicitation: RFP 15941-23,3. However, we will need to re-negotiate the price cost for services we are not obligated to provide and positions that are not necessary prior to final acceptance. The highest scoring vendor has been selected to provide Residential Substance Abuse Education, Treatment, Case Management, & Community Reintegration Aftercare Program for Adult Inmates with the Duval County Correctional System resulting in the attached **Scope of Services, Exhibit A** and **Contract Fee Schedule, Exhibit B**.

Accordingly, this is to recommend that the Parks, Recreation and Community Services Department/Social Services Division enter a contract with I.M. Sulzbacher Center for the Homeless, Inc., to provide **Residential Substance Abuse Education, Treatment, Case Management & Community Reintegration Aftercare Program for Adult Inmates within the Duval County Correctional System** that incorporates the attached Scope of Services identified as Exhibit A and Fee Schedule identified as Exhibit B. The contract period will be from October 1, 2024, through September 30, 2027, with annual monitoring to ensure compliance; The maximum indebtedness for year one is not to exceed the amount of **$1,978,882.44.** All other terms and conditions of the Contract are per the City's standard contract language and as provided in the Request for Proposals.

.

Attachment: Exhibits A & B

cc: Renata Barnett

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

FORM 1 - Price Sheet

Substance Abuse Education/Information, Treatment, Case Management and Aftercare Program for Adult Inmates within the Duval County Correctional System

1. PROJECT: MATRIX PROGRAM

2. RFP #: 15941-24

NAME OF VENDOR: I.M. Sulzbacher Center for the Homeless, Inc. DATE: 8/23/24

PART I - PERSONNEL COST SUMMARY				
3. DIRECT LABOR	**ESTIMATED HOURS**	**HOURLY**	**ESTIMATED COSTS**	**TOTALS**
PERSONNEL:			$	
# of Positions 29.1				
President, Health Services Division	208	$ 123.79	25,748.10	
Patient Services Coordinator	2080	$ 18.68	38,860.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Program Manager, Aftercare	2080	$ 24.04	50,000.00	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Licensed Clinical Social Worker	2080	$ 29.81	62,000.00	
Jail Inreach Coordinator	2080	$ 21.35	44,400.00	
Jail Inreach Coordinator	2080	$ 21.35	44,400.00	
Peer Support Specialist	2080	$ 19.62	40,818.75	
Peer Support Specialist	2080	$ 19.62	40,818.75	
Senior Substance Use Prevention Specialist	2080	$ 21.15	44,000.00	
Substance Use Prevention Specialist	2080	$ 16.83	35,000.00	
Substance Use Prevention Specialist	2080	$ 16.83	35,000.00	
Vice President Corrections Services	2080	$ 48.08	100,000.00	
Program Manager, Therapeutic Community	2080	$ 24.04	50,000.00	
FRINGE BENEFITS				
FICA 7.65%			96,369.25	
Health 17.24%			217,177.24	
Retirement 2.20%			27,714.03	
Dis/Lif .30%			3,779.19	
WC 1.20%			15,116.75	
SUTA .2%			2,519.46	
DIRECT LABOR TOTAL				**1,622,404.67**
4. INDIRECT COSTS	3.00%			
(Specify Indirect Cost Pools)				
Total Direct Labor			48,672.14	
INDIRECT LABOR TOTAL				**48,672.14**
5. SUBTOTAL DIRECT/INDIRECT COSTS (Items 3 & 4)				**1,671,076.81**

PART II - REIMBURSABLES COST SUMMARY				
6a. TRAVEL			**ESTIMATED COSTS**	**TOTALS**
TRANSPORTATION			**8,040.00**	
PER DIEM			$	

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

TRAVEL SUBTOTAL				**8,040.00**
b. EQUIPMENT, MATERIALS, SUPPLIES	**QUANTITY**	**COST**	**ESTIMATED COSTS**	
General Operations: Equipment, Materials, Supplies			33,900.00	
Aftercare: Equipment, Materials, Supplies			15,000.00	
Aftercare : Client Assistance			177,500.00	
EQUIPMENT SUBTOTAL				**226,400.00**
c. SUBCONTRACTS				
Special Services - Consultant			50,000.00	
SUBCONTRACT SUBTOTAL				**50,000.00**
d. OTHER (Specify)				
Staff Training			5,000.00	
OTHER SUBTOTAL				**5,000.00**
7. SUBTOTAL REIMBURSABLES (Items 6a, b, c & d)				**289,440.00**
PART III - COST SUMMARY				
8. TOTAL (Lines 5 & 7)				**1,960,516.81**
9. THREE YEAR PROJECTION			2024-2025	1,960,516.81
			2025-2026	2,019,332.31
			2026-2027	2,079,912.28
				$
				$
			GRAND TOTAL FOR ALL 3 YEARS OF CONTRACT	**8,020,278.22**

FORM 1A - PROGRAM COST DETAIL
Substance Abuse Education/Information, Treatment, Case Management and Aftercare Program for Adult Inmates within the Duval County Correctional System

1. NAME OF CONSULTANT: I.M. Sulzbacher Center for the Homeless, Inc. **2. RFP #: 15941-24**

			ESTIMATED COSTS	TOTALS
SALARIES (from Form 1)			$	
FRINGE BENEFITS	**RATE (%)**	**COST**		
Personnel (29.1 positions)		**1,259,728.75**		

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Fringe Benefits		**362,675.92**		
Total Fringe			**362,675.92**	
Sub Total Direct Labor			**1,259,728.75**	**1,622,404.67**
Indirect Cost	**3%**		**48,672.14**	**48,672.14**
EQUIPMENT, MATERIALS, SUPPLIES				
General Operations Equipment, Materials, Supplies			$	
Office Supplies			8,000.00	
Telephones 25 users per month per year			6,900.00	
Computers (15 @950)			19,000.00	
			$	
Sub Total - General Operations			**33,900.00**	**33,900.00**
Aftercare Equipment, Materials, Supplies				
Medical Supplies			15,000.00	
			$	
			$	
			$	
			$	
Sub Total - Aftercare Equipment, Materials, Supplies			**15,000.00**	
Total - Equipment, Materials,				**15,000.00**
Aftercare Client Assistance (To include but not limited to)				
Guest Medical			5,000.00	
Client Personal			5,000.00	
Food Assistance			10,000.00	
Transportation Assistance			7,500.00	
Community Reingagement			10,000.00	
Housing			140,000.00	
Sub Total Aftercare Client Assistance				**177,500.00**
Subcontracts/Special Services				
Consultant			50,000.00	
			$	
			$	
Sub Total - Subcontracts			50,000.00	**50,000.00**
Other Service Costs				
Staff Training			5,000.00	
Travel (12000 @.67/mile)			8,040.00	

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

			$	
Sub Total - Other				**13,040.00**
GRAND TOTAL				**1,960,516.81**
				$
				$
PROJECTED TOTAL for Fiscal Year 2024-2025				1,960,516.81
PROJECTED TOTAL for Fiscal Year 2025-2026				2,019,332.31
PROJECTED TOTAL for Fiscal Year 2026-2027				2,079,912.28
GRAND TOTAL FOR ALL 5 YEARS OF THE CONTRACT				**8,020,278.22**

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Program description 15 points

Design: The project, per the RFP, will consist of 3 components.

The first is to implement substance use education and information to reach up to 6,500 individuals in a 12-month period. There are licensed prevention and/or intervention services to the general population of adult inmates, both sentenced and pre-trial, within 3 facilities of the Duval County Correctional system (herein after referred to as **Component 1**). Another goal is to implement a best practice model, 135-bed therapeutic community of serving both male and between 35-50 female inmates for at least 120 days, an intensive, licensed treatment program, herein after referred to as **Component 2**. The third component of this project will make available licensed/aftercare/continuing services for therapeutic community treatment participants for 12 months post release (**Component 3**). Sulzbacher will educate incarcerated participants with substance use disorders and related criminal charges, with the goals of reducing the criminal recidivism of treatment participants in the therapeutic community, reduce post-incarceration substance abuse relapse among treatment participants and help participants become productive members of society in aftercare.

Participants from Sulzbacher clinics with a history of incarceration and substance use disorders were asked to determine what they would have needed upon being released from jail and what the barriers were. One client stated what would have helped him was "finding a job, a place to stay....if I had my own place I could do the right thing." Another states "what we needed was getting hooked up with services....mental health, medications. It is a traumatic event to be in there I still have issues, PTSD...knew where to go and who to talk to, it is easiest to go right back to the streets and drugs. Would have liked help with things like food stamps, finding a job that will take a felon...need someone who has been there done that to talk to."

Each person enrolled in the program will work with the case manager on their treatment plan, seeking to identify and meet their goals. This program will maintain a minimum successful treatment completion rate of not less than 75% for program participants, with culturally sensitive care, for participants, and be especially sensitive towards minority populations such as women and communities of color as well as those with co-occurring mental health disorders. The therapeutic community program will not only focus on the education and support around the substance use disorder, but will also incorporate assistance with income, healthcare, parenting classes, mending significant relationships, education needs of participants in order to improve their future functioning so they can become productive and responsible citizens, slamming the revolving door of recidivism, cost to the community, and broken relationships. Assistance with affordable housing will be provided.

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

A consultant who was one of the original architects of the Matrix program will be employed by Sulzbacher to assist with the transition for the first year. This individual has the historical knowledge and decades of experience in the Jacksonville Sherrif's Office (JSO) and is still in close communication with the dedicated members of the current Matrix staff. Sulzbacher obtained Federally Qualified Healthcare Center (FQHC) status in 2001. From its original campus and clinic site, Sulzbacher now operates three fixed site clinics, with another soon to be completed, and mobile outreach. The fixed site clinics offer primary health care, dental care, mental health counseling, substance abuse counseling and treatment, vision services, and linkage to specialty medical care as needed. Initially providing care only for adults, Sulzbacher expanded to pediatrics in 2018.

The populations Sulzbacher currently serves are low income, under-insured or uninsured adults, children, and families with mental illness, substance use, co-occurring disorders, criminal justice involvement and/or with complex medical needs. Sulzbacher aims to meet people where they are, not where we think they should be. Sulzbacher believes all individuals deserve to get access to healthcare services, including optimal mental health and substance abuse services, where individuals and their loved ones can be educated, counseled, trained and supported regarding their emotional and psychological needs without the fear of being abandoned, judged, or perceived as problematic. Sulzbacher welcomes diverse populations with complex biopsychosocial needs and views its clinics as the safety net of the safety net.

Sulzbacher as an FQHC and a local housing leader is uniquely poised to treat the whole individual, whether they need substance use treatment (including medication assisted treatment), mental health treatment, primary care, dental care, eye care, linkage to case management, linkage to housing, linkage to benefits through SSI/SSDI Outreach, Access, and Recovery (SOAR) and linkage to jobs through a partnership with Goodwill Job Junction. A huge benefit Sulzbacher has as an FQHC is that it is able to take advantage of discounted 340B pricing on medications to allow purchase of medications for clients without insurance which would really benefit those clients entering the Aftercare component. With both 330 (e) Community-Based and 330 (h) Healthcare for the Homeless target populations, Sulzbacher services are open to all. A common catchphrase at Sulzbacher is "Everyone is eligible". Sulzbacher partners with various nonprofit organizations and hospitals around Jacksonville for assistance with inpatient treatment, residential recovery treatment, detox, housing, food support, and employment assistance for clients.

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

There is a trauma informed overlay to Sulzbacher services as it is recognized that underlying trauma is often what underlies many clients current biopsychosocial needs. Sulzbacher takes pride in providing integrated care, and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for integrated care, as well as care for adults and children. Sulzbacher is licensed by the Department of Children and Families (DCF) to provide prevention, outpatient treatment, intervention and aftercare services.

Sulzbacher is the Duval County FQHC partner of the Coordinated Opioid Recovery (CORE) project. Sulzbacher also runs the National Award-winning program, The Mental Health Offenders Program (MHOP), which has been in operation since February 2021, in partnership with the Duval County Circuit and County Judges, State Attorney's Office (SAO), Public Defender's Office, City of Jacksonville (COJ), Jacksonville Sheriff's Office (JSO), Gateway Community Services and Lutheran Services of Florida. MHOP has been published in scientific journals (Bell et al. HCA Healthcare Journal of Medicine (2022) 3:3 https://doi.org/10.36518/2689-0216.1423) and presented at national scientific meetings, receiving the 2024 Psychiatric Services Achievement Award at the National American Psychiatric Associations large annual conference on 5/6/24. The goal of the MHOP is to reduce the demands on the criminal justice system and costs to taxpayers by diverting those misdemeanor offenders with severe mental illness to a program that meets their psychiatric, medical, and social service needs with wraparound, team-based care. This program provides pretrial release from custody and diversion to a customized plan of care to stabilize defendants with court supervision to ensure compliance. Last year, Sulzbacher data showed that the monthly average arrest rate dropped 90% for participants, along with an 82% drop in the monthly average of days in jail, an 90% decrease in monthly average costs for arrest in booking process, an 88% drop in monthly average cost of jail stay and a 100% drop in individuals previously Baker Acted directly from jail in First Appearance Court. MHOP has had 18 graduates of the program, who are stable psychiatrically, have income, and permanent housing.
One of Sulzbacher's strengths is its ability to partner and collaborate. Sulzbacher maintains many Memorandums of Understanding (MOUs) with hospitals such as University of Florida and Mayo Clinic, local mental health nonprofits like Mental Health Resource Center, substance abuse nonprofits like Gateway Community Services, as well as housing resources such as Changing Homelessness, and Ability Housing. Sulzbacher partners and collaborates with the other local FQHC Agape Family Health, the City of Jacksonville, Jacksonville Sheriff's Office, Jacksonville Fire and Rescue Department (JFRD), and NaphCare. Inc. (the Duval County jail physical and mental health/substance abuse provider). Sulzbacher has Goodwill Job Junction

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

on site and partners with them extensively. Legal partners include the treatment courts, public defender's office, and state attorney's office. All of these entities are in regular communication with Sulzbacher, and outreach and information on our services is provided to them, with updates on new programs. Sulzbacher is embedded in the fabric of the community and supported by diverse stakeholders. Sulzbacher's message to the community is everyone is eligible regardless of their ability to pay or insurance status, there is no wrong door to access services, and Sulzbacher meets people where they are, not where we think they should be.

The program will be championed by Dr. Colleen Bell, the President of the Health Services Division. Dr. Bell has an MD from the University of Buffalo School of Medicine and completed her psychiatric residency at the Western Psychiatric Institute and Clinic in Pittsburgh, PA. Dr. Bell has completed Florida Adult Forensic Examiner Training, has her Board Certification by the America Board of Psychiatry and Neurology, and is Board Certified in Public and Community Psychiatry by the American Association of Community Psychiatry (AACP). She is Secretary for the Florida Psychiatric Society and AACP. She is currently fully licensed in Florida and does advocacy work for mental health issues nationally and in FL. In her role, she directly oversees all health clinic operations and services at all Sulzbacher locations. She is faculty for both Orange Park Medical Center and University of Florida psychiatric residency programs, and precepts for medical students. However, this is very much a team approach, and many of the current team members operating the program are subject matter experts and we would want to keep that institutional knowledge to ensure holistic, wraparound, equitable care. We would strive to keep as many of the current staff members who would want to stay, and have leadership roles for the Vice President, Corrections Services to lead the program day to day, as well as program managers for the prevention/education specialists, for the supportive counselors, who will be conducting the group and individual activities during incarceration, as well as the program manager for the Aftercare case managers.

Further description of the project components is as follows.

Component 1: The program will operate in each of the county's three correctional facilities, facilitating a minimum of 25 didactic educational groups weekly for adult inmates in the general population. This will be accomplished by 1 full time Senior Substance Abuse Prevention Specialist, 2 full time Peer Specialists, and 2 full time Substance Use Prevention Specialists. These individuals will provide education on substance use disorders and refer for screening to the jail treatment unit and justice system agencies and programs, as applicable. The team will work with JSO to ensure they are meeting expectations in terms of classes, classes are

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

conducted from lesson plans reviewed by Sulzbacher and JSO leadership and updated so information that is presented is up to date. Classes provide instruction and interaction amongst participants on various topics to strengthen an individual's knowledge base, co-dependency, self-help groups, 12 step groups, overview of mental illness, coping skills and strategies to prevent recidivism and relapse. Media may include videos, handouts, group discussion and role playing. The Senior Substance Use Prevention Specialist assures the quality standards of the classes are maintained. Staff will employ motivational interviewing techniques to help participants move through the stages of change. Staff will also operate in a culturally sensitive and trauma informed manner and be trained in such. The education specialists will also conduct individual counseling sessions.

Component 2: Two Jail In-Reach Coordinators will screen referrals from the court and other partners Referrals will be received from the legal system partners and screened in a timely fashion (target: screening occurs in less than 1 week) to see if the candidate is a fit for the program and will be able to meet the requirements for completion. Sulzbacher will use validated tools in the public domain to assess the candidate, including the Ohio Risk Assessment System (ORAS) and Brief Addiction Monitor (BAM) on those who have identified substance use concerns. The BAM is used to screen for mild to severe substance use disorder. The ORAS is a set of dynamic risk/needs assessment tools that help to identify criminogenic factors that drive a person toward negative or criminal behaviors and can also help to determine risk of re-offense.

The project will use the APIC Model, a best practice approach for transition planning and community re-entry from jail for people with mental health and co-occurring substance use disorders. APIC is an acronym for Assess, Plan, Identify and Coordinate. The model has been identified to promote the behavioral health and criminal justice partnerships necessary to successfully identify which people need services, what services they need, and how to match these needs upon transition to the community. The outcomes of inadequate transition planning may precipitate increased incidence of psychiatric symptoms, relapse to substance abuse, hospitalization, suicide, homelessness, and re-arrest. In contrast, effective transition/aftercare planning can minimize the risks of reentry and can enhance public safety by increasing the possibility that individuals will access and participate in housing, treatment and services that promote improved individual recovery outcomes. The APIC Model represents a transition plan that is individualized for each program participant. The goal of the plan is to support community living, reduce maladaptive behaviors, and decrease the chances that individuals will re-offend

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

and reappear in the criminal justice system. The APIC plan may include identified needs including housing, employment, benefits, emergency food/clothing, transportation and other community and social services. The Sulzbacher Center offers a comprehensive array of clinical and non-clinical services and is a one stop shop. Any services not offered can be accessed through active collaborations within the service area community. Social determinants of health must be addressed for participants to move toward recovery and community integration. The therapeutic community will strive to contain all the essential elements described in Dr. George DeLeon's TC manual, *The Therapeutic Community, Theory, Model and Method*. The program will operate in a phase advancement system, with clear criteria for movement through the phases.

The goal is to have a waiting list to keep the 135 beds full. The Jail In-reach Coordinators will work closely with staff from the court, JSO and NaphCare to obtain all necessary information. If clients who are referred need a secondary level of review, they will be staffed with the Vice President and the goal will be to warmly engage referrals so they see that the program will help them break the cycle. The patient services coordinator will ensure referrals and participants in the therapeutic community are entered into the electronic health record, and that their confidential records are kept up to date. The therapeutic community is a fully comprehensive program addressing life skills, with classes taught by supportive counselors and overseen by 9 Supportive Counselors, overseen by 1 Program Manager, Therapeutic Community. Clients are offered treatment 7 days a week, addressing issues such as relapse prevention, communication, stress management, spirituality, problem solving, job readiness, money management/budgeting, how to make healthy decisions, how to break away from maladaptive coping mechanisms, anger management, trauma, the importance of taking care of mental health and medical concerns, forgiveness, affirmation, biofeedback and family relationships. The program will use pre and post program effectiveness in the education of clients. A family group will be provided, leveraging an individual's supports to help them succeed post release and also helping heal the trauma chronic substance use can cause. This family group is also open to Aftercare participants. Clients who are in re-entry phase are involved in community-based support group meetings such as AA and NA, as well as Alumni activities. Individuals in re-reentry phase help mentor newer clients and serve as a role model and proof that change is possible.

Component 3: The team of 9 case managers and their program manager will coordinate post relapse services for clients in the therapeutic community, and these needs are identified prior to

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

entry into the therapeutic community by the Jail In-Reach Coordinators. The case managers work with the client to develop a treatment plan to set the individuals up for success. Clients will be assigned a case manager within 1 week of entry into the therapeutic community. Case managers work with each of their clients to ensure successful reentry into the community and referrals to licensed service providers, whether at Sulzbacher or other licensed community partners. Referral to housing upon release for the housing insecure is key, and Sulzbacher will leverage its extensive housing resources and community partners to ensure access to safe, affordable housing, whether in halfway houses. The program works with partners like Operation New Hope and the Goodwill Job Junction, to help individuals with records obtain gainful employment. For those that qualify in terms of significant mental health or medical comorbidities, case managers can also assist with applying for federal benefits. For those who served, Sulzbacher will connect with Veteran's Affairs resources. Funding provided by the contract can help individuals obtain work clothing, transportation, and community re-integration activities. Education and support will be provided to the families of clients while in the therapeutic community, as well as in the Aftercare phase through weekly family support groups. Sulzbacher, as an FQHC, can serve clients substance use, mental health, medical, eye care and dental care needs post release, or can assist in setting individuals up with providers of their choice to meet those needs.

Evidence based program/best practices description 5 points

We will utilize the following evidence-based practices:

Therapeutic Community Model: The scientific literature demonstrates that when people with substance use disorders live together in an organized and structured way it helps them not only recover but reintegrate back into the community. Studies have shown significantly better substance use, employment, functioning and legal outcomes among Therapeutic Community Participants (Vanderplasschen W, Colpaert K, Autrique M, Rapp RC, Pearce S, Broekaert E, Vandevelde S. Therapeutic communities for addictions: a review of their effectiveness from a recovery-oriented perspective. ScientificWorldJournal. 2013;2013:427817. doi: 10.1155/2013/427817). This model is already in place with the current team.

Trauma informed care: Systems and organizations that implement a trauma-informed approach create safer environments the individuals they serve and their staff (Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. (SMA) 14-4884). https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf). Key components include screening clients for

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

trauma, training in trauma specific treatment approaches for staff, preventing secondary trauma in staff, involving clients in the treatment process, partnering with referral sources and community organizations (Key ingredients for trauma-informed care. https://www.chcs.org/media/Fact-Sheet-Key-Ingredients-for-TIC.pdf). Sulzbacher will ensure its staff are trained in both trauma-informed care and culturally competent care. All program staff will receive a best practice SAMHSA GAINS Center trauma training program (How Being Trauma Informed Improves Criminal Justice Responses) to increase understanding of trauma, awareness of the impact of trauma and how to develop trauma informed responses. The training can help to avoid retraumatizing individuals and thereby increase safety for all, decrease recidivism and promote recovery.

Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders (Substance Abuse and Mental Health Services Administration (SAMHSA)): According to data from the Florida Department of Corrections, over 60% of people released from Florida prisons will be rearrested within three years, and about one in four will be reincarcerated in a Florida prison during that same 36-month period. By year five, nearly one in three will be reincarcerated in Florida ("Florida Recidivism Report: Releases from 2008 to 2020."). It is also expensive, costing $77 per day or $28,000 per year to incarcerate someone in a Florida prison (Office of Program Policy Analysis and Government Accountability, 2022)

Recidivism rates and symptom acuity are at higher levels for those re-entering our communities who have mental health and substance use disorders. Individuals re-entering the community may need a vast array of supports, such as linkage to treatment, recovery programs, linkage to benefits, housing, employment and transportation. (chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf).

Relapse prevention: An evidence-based cognitive-behavioral approach to addiction treatment that uses a variety of strategies to help people minimize the risk of relapse. It two specific aims: preventing an initial lapse and maintaining abstinence or harm reduction treatment goals and providing lapse management if a lapse occurs such that further relapses can be prevented (Marlatt GA, Witkiewitz K. Relapse prevention in Alcohol and drug problems Relapse Prevention: Maintenance Strategies in Treatment of Addictive Behaviours. In: Marlatt GA, Donovan DM, editors. 2nd Edition. Guilford Press; 2005).

Description of Goals and Objectives Performance Indicators (15 points)

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

As set out in the RFP and expanded.

Goal 1: Reduce the criminal recidivism of treatment participants in the therapeutic community.

Objective 1: Make available comprehensive, innovative, culturally sensitive, and cost-effective substance abuse treatment services to sentenced chemically dependent offenders during their term of county incarceration and maintain a minimum successful treatment completion rate of not less than 75%. Services and treatment approaches will also address the special needs of minority populations including women and individuals with co-occurring mental health disorders.

Source: Participant attendance and completion rates.

Application: The client's participation and growth in the program is vital to their success post incarceration.

Method: Via groups, individual sessions, patient feedback questionnaires.

Frequency: daily while participants incarcerated, weekly or greater while they are in aftercare.

Adaptation: Adjust group offerings, training offered to staff, based on identified participant needs.

Objective 2: At each of the county's three correctional facilities, provide substance abuse education prevention information and referral services, facilitating a minimum of 25 didactic educational groups weekly for adult inmates in the general population, and link inmates with other relevant justice system and community self-help services. Target: Education reaching 6,500 inmates per 12-month period.

Source: Current group manuals, community resources, scientific literature.

Application: The client's participation and growth in the program and linkage to community resources is vital to their success post incarceration.

Method: Via groups, individual sessions, relationships with community partners.

Frequency: daily while participants incarcerated. Referrals to community resources as needed, per treatment/case plan.

Adaptation: Adjust group offerings, trainings offered to staff, based on identified participant needs. Keep up to date with current community resources.

Goal 2: Reduce post-incarceration substance abuse relapse among treatment participants (with abstinence as the goal for each participant).

Objective 1: Coordinate post-release services for up to 135 treatment participants in the therapeutic community through the case-management component, utilizing aftercare staff and funds made available within this project, and in conjunction with other community resources,

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

and monitor their ongoing adjustment for adherence to treatment goals for one-year following completion of in-jail treatment.
Source: Treatment/case plan, community partner resources.
Application: Linkage to housing, mental health treatment, substance use treatment, physical health treatment, income, and dental (as applicable) are necessary for clients continued recovery.
Method: Case management assistance to act as the glue for plugging the client into various community resources.
Frequency: As indicated per treatment/case plan.
Adaptation: As indicated by clients' needs.

Goal 3: Enhance the education, life management, vocational, and parenting skills of up to 135 participants in the therapeutic community (with an anticipated length of stay of 120 days) in order to improve their future functioning as productive and responsible citizens, employees, parents, and family members.
Objective 1: Increase the level of the offender's stake in societal norms.
Source: Treatment plan, community partner resources.
Application: Fostering and developing client strengths, skills and coping measures will help reintegrate participants back into society.
Method: Engagement with groups while incarcerated, engagement with case manager in aftercare.
Frequency: As indicated per treatment/case plan
Adaptation: As indicated by clients' needs.

Goal 4: Increase stakeholder awareness and involvement.
Objective 1: Provide ongoing consultation to jail administrators, representatives in the legal community (Judges, public defenders, state attorneys) and other jail staff about substance abuse issues, and work to establish a continuum of services in the jail and community for people with substance abuse problems.
Source: Program outcome measures, participant testimony, expertise from program leaders, open houses, graduations.
Application: Relationships, education and advocacy.
Method: Relationship building and maintaining by key staff to ensure program utilization and success.

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Frequency: As indicated per treatment/case plan
Adaptation: In accordance with up-to-date evidence-based practices.

Objective 2: Within 3 months, shared policy and procedures will be written and MOUs with partner agencies will be updated.
Source: MOUS, policy and procedure documents.
Application: Formal agreements as clear policies and procedures are fundamental in clarifying roles/expectations as well as obtaining buy in from current staff, current and partners and potential future partners.
Method: a subcommittee will be formed to develop policies, procedures and the MOUs.
Frequency: Annually review of policies and procedures as well as MOUs.
Adaptation: Potential new MOUs from future stakeholders, policy/procedure revisions as needed.

Objective 3: Regularly solicit feedback from clients and other key stakeholders. 75% of participants will rate overall satisfaction with the program as 85% or higher.
Source: Satisfaction surveys will be obtained by program staff and collated into common themes/trends quarterly. ORAS and treatment plans to be done collaboratively with clients.
Application: Client and other stakeholder input is key to our program.
Method: Satisfaction surveys will be obtained by program staff and collated into common themes/trend.
Frequency: Quarterly
Adaptation: Feedback obtained on these surveys is vital to how we implement and adjust the program.

Goal 5: Develop and employ evidence-based practices that will bolster participant success.
Objective 1: Within 6 months, staff will be hired and trained, with a specific focus on trauma informed care.
Source: SAMHSA GAINS Center.
Application: A well-trained staff is essential to be able to provide quality care.
Method: SAMHSA GAINS Center trauma training program (How Being Trauma Informed Improves Criminal Justice Responses).
Frequency: Annually.
Adaptation: Client and stakeholder input into procedures

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Objective 2: Conduct periodic quarterly quality assessment reviews to ensure care is beneficial and tailored to the clients' needs, reported through the Quality Management Committee.
Source: Client and other stakeholder input in standardized program assessment tools.
Application: Client and other stakeholder input is key to our program and identified trends will inform improvements.
Method: Standardized program assessment tools will be obtained by program staff and collated into common themes/trend.
Frequency: Quarterly.
Adaptation: Feedback obtained on these surveys is vital to how we implement and adjust the program.

Description of Implementation (20 points)

First two weeks: The day of award notification, should it be to Sulzbacher, the President, Dr. Colleen Bell, will reach out by phone and email to current leadership of the Matrix program to warmly engage with them and welcome them to be a key stakeholder and partner in the transition process. Within 3 days of award, a meeting will be had with current program staff, the consultant, and Dr. Bell to meet, discuss how the program is currently doing, and ask where Sulzbacher can be of help in the short term. Within 1 week, Dr. Bell, the consultant and current program Leadership will meet to discuss the current group and activity offerings, clients for the incarceration and aftercare phases, and current program policies and procedures. The Matrix House has been in operation since 1991 and already very successful, Sulzbacher does not aim to fundamentally change something so positive and valued.

Current program staff who select to stay will be onboarded by Sulzbacher's Human Resources (HR) department by the start of the contract. The pre-employment process provides verification of a job candidate's background. This includes background screenings (Level I and Level II), pre-employment drug testing, motor vehicle report (if applicable), applicant evaluations, and reference checks. All staff to be hired will be issued an offer letter from HR. All newly hired staff will be given an orientation to Sulzbacher, the Team Member Handbook, a tour of Sulzbacher's campus downtown, an ID badge, a computer and a phone app to make work-related calls. Each employee will receive a copy of, read and remain familiar with the Rules of Florida Model Jail Standards and compliance is required. Employees will also comply with

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

JSO's Order 506 (Dress and Personal Appearance). Employees will sign an acknowledgment that they have read and are familiar with the contents of these materials.

Within 2 weeks of award, program staff will be trained on the Ohio Risk Assessment System (ORAS) and Brief Addiction Monitor (BAM), as well as the APIC (Assess, Plan, Identify and Coordinate) Model. Within 2 weeks, Sulzbacher finance staff will meet with current program leadership to review their current policies and procedures as it relates to purchasing and invoicing. Any current contracts in place will be reviewed to verify compliance with the Fiscal Policy. Sulzbacher's Fiscal Policies provide guiding principles that govern the organization's financial stewardship for the expressed purpose of supporting the organization's mission. All record keeping will be done within Sulzbacher's accounting system. The goal will be to make the transition process as seamless as possible, to ensure current groups and activities already put by current Matrix staff continue.

Sulzbacher will comply with all city requirements regarding reimbursement requests. "Payment requests shall be made by Recipient on or before the 15th of each month, except for the final payment request, and shall provide accounting backup (invoices and/or receipts, along with copies of promotional materials as appropriate) and other documentation satisfactory to the City. Recipient shall sign a statement certifying that the request for payment or reimbursement and narrative progress reports and financial reports do not include any information that would constitute a false official statement as defined in Section 837.06, Florida Statutes."

Within 1 month of award: Sulzbacher leadership, the consultant and current program leadership will meet to craft and update Sulzbacher policies and procedures to include the Matrix program. After this collaborative effort, these policies will be presented to the Sulzbacher board of directors for approval at the next Sulzbacher board meeting.

Within 1 month of award Sulzbacher will plan an open house with key Matrix/Sulzbacher leadership with key stakeholders (Judges, public defenders, state attorneys, community partners, JSO etc.) to learn about what the program offers and to ensure they have updated information and telephone numbers/email addresses. Flyers will be developed with key information and distributed. This information will also be sent out electronically to stakeholders.

Staff will establish/review criteria for selection of participants in the therapeutic community and establish/review major program rules, such as no drug or alcohol use, no sexual activity amongst participants, no violence or threats of violence. Evaluate therapeutic

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

community to ascertain that it incorporates essential concepts such as use of membership as role models, use of shared norms and values, community activities, peers and staff as community members, continuance of recovery. Ensure enough staffing at the 135-bed therapeutic community to provide treatment, education groups and other activities for at least 8 hours a day for participants, Monday through Friday. Ensure family staffing for a family group session 1 night per week. Ensure staffing for substance use education and prevention classes to inmates at large at least 5 days a week. Coordinate with court administration and other agencies for systemic referral of inmates to the therapeutic community and other relevant programs.

Develop and main individual client records as required by state standards as set forth by Chapter 65-D30, Florida Administrative Code for those in the therapeutic community and aftercare services. Ascertain that staff are keeping robust client records, to include assessment instruments, assessment/screening/admission documents, comprehensive and individualized treatment plan, release of information, acknowledgement of program rules and completed orientation, progress notes, urinalysis results, re-arrest reports, and other correspondence related to the client.

Within 3 months of award: MOUs with key partners (SAO, PD, JSO, NaphCare etc) will be updated and amended if needed, to allow ease of information sharing and collaboration. Sulzbacher already has MOUs in place with both the Jacksonville Sheriff's Office and NaphCare. Sulzbacher has discussed the proposed project both internally and externally with various stakeholders about this proposed project. As this will be a new initiative for Sulzbacher, discussions with staff to seek their input will take place during regularly scheduled program and leadership meetings. The program with be shared agency-wide at quarterly All Staff meetings. Program leads will also put out agency-wide email communication and important updates as well as include updates as applicable in the monthly employee newsletter.

Ensure program and JSO staff are cross trained as much as possible to account for leaves of absences and potential turnover.

Strength current Aftercare relationships with partners such as Operation New Hope and Goodwill, identify other potential partners, create comprehensive community resources list available to case managers and participants. Establish processes and procedures for Aftercare Case managers to expend funds on behalf of their clients, in a fair and equitable way. Confirm

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

policies and procedures are in place to address participants who may relapse or have another adverse outcome. The goal is to keep participants engaged in treatment.

Within 6 months of award: All staff will receive a trauma informed care training from the SAMSHA GAINS Center. Also, a graduation will be planned for participants to move into the Aftercare phase. Sulzbacher will have a regular Planning Council with Sulzbacher Program Leadership, JSO, NaphCare, a person with personal experience with incarceration, and others as identified. Open positions will be filled upon award notification within the first quarter of operation. Sulzbacher has the flexibility to meet in the interim as needed, to discuss the program, what is working, what needs to be tweaked. The Planning Council will review the project implementation and expansion plan including operations, outcome management and performance improvement. Agenda and meeting minutes will be distributed to all members and stakeholders. Meetings will be held quarterly. Meeting agenda and minutes will be distributed and maintained as necessary. Sulzbacher will review and update as needed its Memoranda of Understanding to ensure timely information sharing regarding the healthcare and psychosocial needs of the participants. Sulzbacher has interviewed current health center clients on what they believe their needs and barriers would have been when exiting a correctional setting and will have a representative of someone with lived substance use and correctional experience in quarterly key stakeholder meetings to provide input and feedback.

Within 1 year of award: All program staff will provide the specified number of hours of annual training and staff development, as required by Chapter 65-D, Florida Administrative Code.

Showcase program at a local, state and/or national level via presentation at a conference.

Recurring meetings: Each month, there will be team meetings for program staff, a review of the financials by program leadership with the Sulzbacher Financial Department.

Every 3 months the Quality Management Team will review aggregated performance measures and look for trends, as well as the Planning Council (with Sulzbacher Program Leadership, JSO, NaphCare, a person with personal experience with incarceration, and others as identified). The Planning Council will review the project implementation and expansion plan including operations, outcome management and performance improvement. Agenda and meeting minutes will be distributed to all members and stakeholders.

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Description of Evaluation (5 points)

Stakeholders, such as clients, legal system and jail representatives, are key sources of important feedback and this will be obtained in the form of satisfaction surveys will be regularly solicited and reviewed by the Quality Management Committee quarterly. If negative trends are identified, corrective actions will be developed and implemented to address them. The Quarterly Planning Council with key stakeholders (such as Program Leadership, a person with lived experience with substance use and corrections, and JSO) will also evaluate the trends and offer solutions to address them. Sulzbacher is committed to continuous quality improvement as part of our CARF accreditation, and our accreditation as a patient medical home. Budget will be reviewed monthly by the Vice President and the Sulzbacher Finance Team to ensure spending is on target.

Sulzbacher's clinics use AthenaHealth as its Electronic Health Record (EHR), which includes notes from case managers, peer support, and counselors. AthenaHealth offers a secure digital platform for storing patient records simplifying and updating patient information from any location. It allows providers to schedule appointments, orders, tests and referrals (for those who are in Aftercare and no longer under the care of NaphCare), and communicate with other physicians to enhance clinical efficiency. AthenaHealth, can track patients and referrals, under oversight from the project lead, and close referral loops to ensure the clients actually receive the referred service. The following data will be entered into each client's file: participants screening and assessment instruments, demographic information, criminal arrest histories, and post release monitoring and tracking information. Statistical reports will be jointly developed to meet the needs of Sulzbacher, the City of Jacksonville and JSO. We will obtain patient satisfaction services particularly related to mental health and substance abuse treatment. The Quality Management Committee will review this data in aggregate form quarterly and identify any patterns and develop recommendations to address areas of opportunity.

Current program leadership staff will be interviewed in depth to get their feedback on the program, as well as current evaluation measures. A consultant with historical and current knowledge of the Matrix Program will be hired, to look at existing evaluation procedures in process as well as offer suggestions. The program will use pre and post program effectiveness in the education of clients.

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Specifications:

1. Develop program operating standards which will ensure compliance with the State of Florida rules as set forth in Chapter 65D-30, Florida Administrative Code, or its successors. Program operating standards will additionally be subject to approval of the Office of the Sheriff and the Social Services Division.

   Employ a qualified supervisor and the necessary professional/clerical staff whose hiring must be approved in advance by the Chief/Assistant Chief, CTC, or designee, and the Program Manager, Social Services Division. Hiring preference should be given to degreed, appropriately credentialed, and experienced substance abuse professionals; however, since recovering staff including former program graduates may be desirable role models and add credibility to the program, standard requirements may be waived on a case-by-case basis, and in concurrence with the Chief/Assistant Chief, CTC, or designee, and the Program Manager, Social Services Division. Professional staff that is not already certified by the Florida Certification Board, or equivalent, must be actively pursuing Florida certification. The qualified professional who shall supervise the TC treatment unit shall possess, at a minimum, a master's degree in a behavioral science, two years related experience, and CAP, or equivalent, certification. A project supervisor (not necessarily the same individual as the clinical supervisor) shall be responsible for the monitoring, supervision and performance of all project components and all project staff. All full-time project personnel shall have their activities and responsibilities devoted exclusively to this specific project in the delivery of the required scope of services. A license Mental Health professional with co-occurring substance abuse experience must be on staff a minimum of 20 hours per week.

   No project position may remain vacant for more than 30 consecutive days, except in situations approved in writing by the Chief/Assistant Chief, CTC, or designee, and the Program Manager, Social Services Division.

   Employees of the successful bidder must comply with all rules, regulations, policies, procedures, state statutes, and court orders relevant to the operational and security requirements of all JSO Department of Corrections facilities. Specifically, employees of the successful bidder must comply with, but not be limited to, the following provisions as conditions of employment within this project:

   A criminal history and personal background check will be made of each applicant prior to employment in this project. Any applicant with outstanding charges regarding criminal activity of any kind will be excluded from employment consideration until said charges are disposed of. At the discretion of the Office of the Sheriff and the Social Services Division, any applicant may be disqualified from employment consideration based on past history of arrests and/or convictions of criminal offenses.

2. Prior to employment, each applicant will submit to drug and alcohol testing by the contractor to ensure the absence of any illegal substance or alcohol. Prospective

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

employees will provide a listing of any medications currently prescribed by their physician(s) prior to testing. After being employed, each employee of the contractor shall be required to submit to random drug and/or alcohol testing to ensure the continued absence of any illegal substance or alcohol. Project staff shall be required to report the use of any prescribed psychoactive or mood altering medication(s) to the Project Supervisor.

3. In all matters relating to institutional operations, safety, and security, employees will comply with directions and instructions of institutional corrections personnel. In matters not specifically covered by written procedure, employees will ask for clarification/approval from an administrative lieutenant or the Correctional Programs Manager. Employees will at no time give to, or receive from, any inmate any item, or extend any favor or special consideration to any inmate, without prior approval of an administrative lieutenant or the Correctional Programs Manager.

4. Employees will, at all times while in any JSO facility, be subject to physical search of their persons and possessions (purses, briefcases, etc.) by correctional staff to prevent the introduction of contraband into any JSO Department of Corrections facility. Contraband is considered any unauthorized item brought into a correctional facility including, but not limited to, any weapon or anything that could be fashioned into a weapon, or any item that has not been approved by a correctional officer.

5. Employees will be allowed institutional or inmate access only during authorized working hours unless otherwise approved by the on-duty institutional watch commander or higher authority.

6. At all times while within the confines of any JSO Department of Corrections facility, employees will wear identification badges issued by the Jacksonville Sheriff's Office. Employees will be required to conduct themselves in a professional manner.

7. Each employee will receive a copy of, read, and remain familiar with the Rules of the Florida Model Jail Standards. Compliance with all provisions is required, but particular emphasis will be given to Chapter 3 (Employee Regulations). Employees will also receive a copy of, read, remain familiar with, and comply with Jacksonville Sheriff's Office Order 506 (Dress and Personal Appearance). Copies of both the Florida Model Jail Standards and Order 506 are available upon request.

   Employees are required to sign an acknowledgement form that indicates that they have read and are familiar with its contents and compliance with all provisions, rules and regulations stated within the manuals.

8. The JSO Director of Corrections or any institutional Chief/Assistant Chief may deny any employee access, with or without cause, to any correctional institution when it is determined by the Office of the Sheriff and/or the Social Services Division that said denial of access is in the best interest of the Office of the Sheriff or the Social Services Division. In this matter, the contractor and its affected employees agree to hold harmless the Jacksonville Sheriff's Office and the City of Jacksonville and its entities.

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

9. Schedule staffing at CTC to provide treatment, education groups, and other necessary activities for a minimum of 13 hours each day between the hours of 7:00 am and 8:00 pm, Monday thru Friday. On weekends staff must be on site from 8:00 a.m. and noon, Saturday and Sunday. A Family Group session must be held one night per week. The project supervisor or designee will be available by cell phone 24 hours per day, seven days per week.

10. Develop and coordinate cross-training of all project staff and correctional personnel. Differences in approaches to inmates should be discussed and resolved. The cross-training will be developed in consultation with the Chief/Assistant Chief, CTC, or designee, and the Program Manager, Social Services Division. The contractor and designated project staff will be expected to participate in the TC training of correctional officers at the JSO training academy.

11. Provide the specified number of hours of annual training and staff development for all project employees as required for program licensure, as defined in Chapter 65D-30, Florida Administrative Code. This also includes Leadership Training.

12. Be responsible for the following in the education/information component at each correctional facility:

    - Recruit inmates in the general population for admission to substance abuse education (prevention) classes and to in-jail treatment and conduct these classes for sentenced and unsentenced inmates, including those who may be awaiting placement into the CTC treatment unit. Project staff will conduct these classes 5 days a week between the hours of 7:00 a.m. and 8:00 p.m. on Monday through Friday and 8:00 a.m. and noon on Saturday and Sunday as needed.
    - Provide treatment resource information, self-help, and other community resource information to the general population of inmates by formalizing a procedure which will allow the maximum number of inmates to be served.
    - Coordinate with Court Services and other agencies for systematic referral of inmates to the in-jail treatment unit and to other relevant justice system agencies and programs.

13. Develop a comprehensive, innovative, effective and evidenced base multi-model approach to treatment, subject to approval by the Chief/Assistant Chief, CTC or designee and the Program Manager, Social Services Division, which will address the participants' problems from a structured and holistic perspective and approach. The following principles/interventions/procedures are required prior to and during treatment:

    - Establish criteria for the selection of treatment program participants in coordination with the Chief/Assistant Chief, CTC, or designee, and the Program Manager, Social Services Division.
    - Provide comprehensive, instrument-based screening and clinical assessment to evaluate each participant's mental status, severity of substance use disorder and any other significant biopsychosocial problems,

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

and obtain an extensive history of all previous alcohol-and-other-drug (AOD) behavior/consequences. Criminal histories for each treatment candidate will be obtained by JSO correctional personnel. Assessment and other diagnostic instruments to be utilized should include the Addiction Severity Index (ASI), or equivalent. Respondents to this solicitation should include samples of all proposed assessment instruments planned for use in treatment. Instruments to be utilized shall be added as necessary and upon request of the Program Manager, Social Services Division. Screening and arrest data shall also be maintained for a comparable non-treatment control/comparison group. Data for both treatment and non-treatment groups shall be maintained and evaluated by the contractor for purposes of outcome evaluation.

The contractor shall develop and implement an internal program of process evaluation whereby objective, instrument-based and other criteria are utilized to assess the degree of skills and knowledge acquisition and behavioral change in areas related to treatment, psychological and cognitive functioning, counselor ratings of inmate progress, along with inmate satisfaction with the treatment program.

All data produced by the internal evaluation system, along with all client arrest and screening/assessment data, shall be recorded by the contractor in a computerized electronic database and shall be furnished by the contractor to the Department of Corrections and to the Social Services Division, upon request, in order to gauge success towards achievement of treatment goals and for outcome evaluation of the impact of treatment. The contractor shall analyze at least annually the client data and outcome data produced from this project in order to make recommendations to the City regarding changes in the on-going operation and/or structure of the program based upon the results of said analysis. The electronic database program/application and format utilized shall be subject to approval by the Program Manager, Social Services Division

- Formulate clearly stated program rules, guidelines, and sanctions to govern client/inmate behavior. These rules are subject to approval of the Chief/Assistant Chief, CTC, or designee, and the Program Manager, Social Services Division.
- Incorporate the following essential concepts into the proposed design and operation of the Therapeutic Community treatment unit:

  - use of participant roles
  - use of membership feedback
  - use of membership as role models
  - use of collective formats for guiding individual change

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

- use of shared norms and values
- use of structure and systems
- use of open communication
- use of relationships
- use of language

- Incorporate the following components into the proposed design and operation of the Therapeutic Community treatment unit:

  - community separateness
  - a community environment
  - community activities
  - peers as community members
  - staff as community members
  - a structured day
  - phase format
  - work as therapy and education
  - TC concepts
  - peer encounter groups
  - awareness training
  - emotional growth training
  - planned duration of treatment
  - continuance of recovery

14. Utilize a group treatment format to allow for the support and confrontation necessary in the recovery process. The client-to-counselor primary caseload ratio shall not exceed 15:1. The maximum number of clients in a group therapy session shall not exceed 15.

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

15. Develop a highly structured schedule of activities, five days a week, to include assigned duties within the TC and the male and female dorms, recreational activities, educational classes, films, workshops, seminars, outside support groups and guest speakers, relapse prevention, domestic violence, AIDS education, self-help groups (NA, AA), etc. The schedule will incorporate mandatory correctional activities including outside/inside community service work by program participants, daily recreation, on-site self-help groups, etc. The schedule will be subject to the approval of the Chief/Assistant Chief, CTC, or designee, and the Program Manager, Social Services Division.

16. Provide a minimum of 8.5 hours of group and/or individual therapy/counseling weekly for each TC participant in treatment, with additional sessions as necessary. Therapy groups shall be conducted five days a week. All therapeutic activities must be documented in each client's clinical record.

17. Maintain maximum utilization of designated treatment slots. Participants in active treatment will account for approximately 135 of the135 total TC beds at CTC. TC members not in active treatment will be those in pre- or post-treatment status.

18. Conduct weekly support groups for inmates' families and/or significant others at CTC and/or outside locations.

19. Through a dynamic and innovative case-management system, link treatment participants with community agencies and programs that will provide continued treatment, educational or vocational training, and social and economic needs. Case-management services shall commence with admission into treatment and case-managers will track compliance with aftercare plans for one-year following release from incarceration. The maximum client to case-manager ratio of active cases shall not exceed 40. Case-managers shall conduct weekly community aftercare groups during the 1-year post-incarceration phase of the treatment program. The clinical record of all treatment participants shall remain open during the aftercare phase of the project and shall include signed and dated progress notes by the case-managers, along with results of urinalysis monitoring and reports to/from probation officers (for those participants with court-ordered probation). The case-managers shall maintain face-to-face contact with each active aftercare client at least biweekly.

20. Develop and maintain individual client records as required by state standards as set forth in Chapter 65D-30, Florida Administrative Code, and include any additional information as may be requested by the Program Manager, Social Services Division.

21. Designate a degreed and experienced staff member to serve as a full-time liaison between the courts, Public Defender's Office, State Attorney's Office, Sheriff's Office, Probation and Parole, and other involved justice-

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

system offices to coordinate referrals to treatment for pre-trial/pre-plea treatment program candidates and for court-ordered participants.

22. Enter statistical data, including program participants' screening and assessment instruments, demographic information, criminal arrest histories, and post-release monitoring and tracking information, into an approved computerized database program/application. The database computer shall be located within project office space provided for the project at PTDF and/or CTC.

23. Provide statistical reports essential for evaluation of all project components Reporting formats and statistical information will be jointly developed to Meet the needs of the Contractor, the City and JSO.

24. Provide advance notice to the Program Manager, Social Services Division, of all inspections, reviews and interviews in connection with the Contractor's annual licensure by the Florida Department of Children and Families and provide copies of all such licenses to the City. The City shall have the right to participate in the Contractor's licensure process and to obtain independent review of the program. Any and all records, including client files, shall be made available upon request of the City for audit or evaluation purposes as provided for under federal confidentiality regulations.

25. Participate in activities that inform other professionals, interest groups, and the public about the program. The Contractor's project supervisor will be the chief spokesperson for the project, in conjunction with the Jacksonville Sheriff's Office and the Social Services Division.

26. Assume responsibility for all project operating expenses including staff salaries/benefits, necessary office furniture and equipment, audio/video equipment, personal computers, operating supplies, travel and training costs, telephone equipment and installation, monthly communications charges, and administrative support. Project operating expenses will also include supplies and/or lab fees for random post-incarceration urinalysis testing during the aftercare phase of treatment. Aftercare expenses incurred in assisting clients who successfully complete in-jail treatment with post-incarceration community reintegration financial needs (such as transitional housing, transportation, clothing, work tools, and other basic needs) shall be eligible project expenses as budgeted by the successful bidder and as approved by the Social Services Division. Budgeted funds may be moved within the estimated cost categories with the written approval of the Social Services Division. Salaries for project staff should be highly competitive to attract exceedingly qualified personnel, in order to promote program stability and to diminish frequent staff turnover. Existing contracted project staff should be considered for hiring preference by the selected contractor.

27. Submit monthly billing invoices to the Social Services Division. Payment will be made upon receipt of a formal invoice, in an itemized format as

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

prescribed by the Program Manager, Social Services Division, and accompanied by any requested documentation of expenditures. Each invoice shall be signed by the appropriate official of the Contractor and approved by the Social Services Division prior to payment being made.

THE CITY OF JACKSONVILLE, THROUGH THE SOCIAL SERVICES AND/OR THE JACKSONVILLE SHERIFF'S OFFICE, WILL:

1. Employ a Program Manager or Human Services Planner III with the Social Services Division who will coordinate with the Contractor and the Office of the Sheriff in the operation of the project, interface with the criminal justice system and all interested parties, and direct implementation and operation of the project in conjunction with the Office of the Sheriff.
2. Provide the inmate housing, food, medical care and security at the three correctional facility locations where project services are to be provided.
3. Designate a correctional liaison officer to the TC and the education component of the project in order to expeditiously address and coordinate the resolution of day-to-day problems as they arise in the operation of the TC and other treatment and/or education services.
4. Provide random urinalysis on treatment program participants with urinalysis scheduling developed by the Contractor's project supervisor and the CTC liaison officer. Urinalysis samples will be collected and processed by correctional staff and results shall be reported to the Contractor.
5. Provide office space for the use of the Contractor's project personnel within the John E. Goode Pretrial Detention Facility and the Community Transition Center, which shall be the base of operations and principal office locations for this project and for all project staff provided by the Contractor, except for case- management and/or aftercare staff which, due to the varied nature of their work assignments and travel, may maintain office space in other community locations as approved by the Social Services Division.
6. Make available existing City-owned project office furniture, and other supplies.
7. Schedule, coordinate, and supervise inmate work hours and community service participation
8. With the treatment schedule for those inmates residing in the TC.
9. Disburse funds according to contract.

CANCELLATION

The City shall have the right to cancel said contract, with or without cause, including unavailability of funds, by giving thirty days written notice of such intent to the contractor. In the event of any such termination, the Contractor shall be paid by the City for all services actually, timely and faithfully rendered up to receipt of the notice of contract termination, and thereafter until the date of termination, the Contractor shall be paid for such services as are specifically authorized in writing by the City.

SUBCONTRACTS

The Contractor may not enter into any subcontracts for provision of any part of the required scope of services unless specifically authorized in writing, in advance, by the Social Services Division.

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Supplier	Supplier Contact	Response	Score	Response Amount
Om Worldwide IncProspective	Kumar, Tiffany	430936	48.00	4,756,028.00
GEO Reentry Services, LLCProspective	Ezeilo, Tavion	430840	84.33	7,844,659.95
I.M. Sulzbacher Center for the Homeless Inc	Barber, Andy	430831	87.00	8,020,278.22
Community Rehabilitation Center, Inc.	Smith, Chermera	No response		Sealed
Laudable Labs and Diagnostic Enterprise	starkes, shaneka	No response		Sealed
Unique Painting LLC	Prince, Allen	No response		Sealed
YAKAR Enterprises LLC	Karama, Yarima	No response		Sealed

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Overall Rank	Shortlist
1	Shortlisted
2	Shortlisted
3	Shortlisted
Not calculated	
Not calculated	
Not calculated	
Not calculated	

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Award Solicitation: In-Jail Substance Abuse Program

Solicitation **RFP - Non-Construction 1594**	Responses Received **5**	Invited Suppliers **136**
Procurement BU **COJ BU**	Active Responses **3**	Will Participate **5**
Close Date **8/23/2024 16:00**	Shortlisted Responses **3**	Responded **3**
Solicitation Currency **USD**		

Lines

Number of Awarded Lines **0**
Number of Awarded Suppliers **0**

Total Award Amount

1 FY25 RFP MATRIX In-Jail Substance Abuse Program

Requisitioning BU **PRSO: Social Services**
Line Type **Dollars**
Category Name **962.58 Professional Services (Not Otherwis**
Location **Social Services Division Suite 100**

Start Price
Current Price

Award Amount
Savings
Savings

	Target Value	GEO Reentry Services, LLC Response: 430840	I.M. Sulzbacher Center for the Homeless Inc	Om Worldwide Inc Response: 430936
Business Relationship		Prospective	Spend Authorized	Prospective
Supplier Site			Order/Remit	
Response Status		Active	Active	Active
Shortlist Status		Included	Included	Included
Rank		2	3	1
Line Pricing				
Response Price		7,844,659.95	8,020,278.22	4,756,028.00
Unit Price Savings				
Unit Price Savings Percent				
Minimum Release Amount				
Award Decision				
Award		No	No	No
Award Amount				
Promised Delivery Date		10/1/2024		9/1/2024
Note to Buyer				
Attachments		No	No	No

Last Downloaded **9/30/2024 15:52**

Docusign Envelope ID: AEDD615A-1430-4E9A-9585-5E9C7CA68053

Award Solicitation: In-Jail Substance Abuse Program

Solicitation **RFP - Non-Construction 1594…** Procurement BU **COJ BU** Close Date **8/23/2024 16:00** Solicitation Currency **USD**	Responses Received **5** Active Responses **3** Shortlisted Responses **3**	Invited Suppliers **136** Will Participate **5** Responded **3**

Overview

	GEO Reentry Services, LLC Response: 430840	I.M. Sulzbacher Center for the Homeless Inc Response: 430831	Om Worldwide Inc Response: 430936
Business Relationship	Prospective	Spend Authorized	Prospective
Supplier Site		Order/Remit	
Supplier Contact	Estelo, Tavon	Barber, Andy	Kumar, Tiffany
Response Status	Active	Active	Active
Shortlist Status	Included	Included	Included
Response Amount	7,844,659.95	8,020,278.22	4,756,028.00
Overall Rank	2	3	1
Total Award Amount			
Time of Response	8/23/2024 12:18	8/23/2024 15:31	8/22/2024 13:31
Response Valid Until			
Reference Number			
Note to Buyer			
Attachments	No	No	Yes

Requirements (View Scoring Criteria)

<table>
<tr><th>Requirement</th><th>Target Value</th><th>GEO Reentry Services, LLC Response: 430840</th><th>I.M. Sulzbacher Center for the Homeless Inc Response: 430831</th><th>Om Worldwide Inc Response: 430936</th></tr>
<tr><td>Total Score</td><td></td><td>84.33</td><td>87.00</td><td>48.00</td></tr>
<tr><td>1. Affirmation (Preliminary Response Stage)</td><td></td><td></td><td></td><td></td></tr>
<tr><td>1. Type name and title of person submitting</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>Comments</td><td></td><td>Derrick D. Schofield, Ph.D., Vice President, Reentry Services
Tel: 563.999.8151 | Fax: 561.443.1893 | dschofield@geocareinc.com
4955 Technology Way, Boca Raton, FL 33431</td><td>Andy Barber, Vice President of Program Funding</td><td>Tiffany Kumar, President Om Worldwide Inc. D.B.A. Mindful Staffing Solutions</td></tr>
<tr><td>2. Type name of company at the comments box</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>Comments</td><td></td><td>GEO Reentry Services, LLC (GEO Reentry), a wholly-owned subsidiary of The GEO Group, Inc. (collectively known as GEO)
4955 Technology Way, Boca Raton, FL 33431
Phone Number: 561.893.0101</td><td>I.M. Sulzbacher Center for the Homeless, Inc.</td><td>Om Worldwide Inc. DBA Mindful Staffing Solutions</td></tr>
<tr><td>3. No Alterations: Bidder has not altered the original Solicitation Document in any way and further understands that any such alteration of the original solicitation document may result in reject of the bid.</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>4. Solicitation Silence: The Solicitation Silence policy is in effect for this solicitation and all communications related to this solicitation must be in writing to the designated procurement representative. Violations of the solicitation silence policy may result in the rejection/disqualification of the submission.</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>5. Legal authorization and solicitation specific minimum requirements: All bidders must be legally authorized to do business in Duval County and shall comply with all minimum requirements for this bid. Failure to submit evidence for meeting any of these requirements may be grounds for rejection. Vendor shall provide proof of applicable local business licenses and particulars such as specific licensure, experience on similar projects, years of expertise in the area etc.</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>6. Certification of No Conflict of Interest: Supplier certifies that no official or employee of the City or independent agency requiring the goods or services described in the specifications has a material financial interest in the Supplier's company. Supplier must complete and submit the attached Conflict of Interest Statement fully detailing any potential conflicts.</td><td></td><td>a. Contractor certifies that no official or employee of the City or independent agency requiring the goods or services described in the specifications has a material financial interest in the Contractor's company.</td><td>a. Contractor certifies that no official or employee of the City or independent agency requiring the goods or services described in the specifications has a material financial interest in the Contractor's company.</td><td>a. Contractor certifies that no official or employee of the City or independent agency requiring the goods or services described in the specifications has a material financial interest in the Contractor's company.</td></tr>
<tr><td>Attachments</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td></tr>
<tr><td>7. Equal Business Opportunity Program: Pursuant to Part 6 of Chapter 126, Jacksonville Ordinance Code, the City of Jacksonville encourages the utilization and participation of Jacksonville Small and Emerging Businesses (JSEBs) in its contract awards based upon availability. It is the City's intent in adopting this program to reflect the philosophy with regards to enhancing participation of JSEBs in all areas of procurement.</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>Attachments</td><td></td><td>Yes</td><td></td><td>Yes</td></tr>
<tr><td>8. Electronic Signature: I understand this acknowledgment serves as my electronic signature and has the same force and effect as my manual signature.</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>2. General Requirements (Preliminary Response Stage)</td><td></td><td></td><td></td><td></td></tr>
<tr><td>1. <u>Scope of Services:</u>
Substance abuse in Jacksonville is a major health, social and public safety problem which has had a devastating impact on the community and justice system. Within jails and prisons, justice system personnel report that individuals with substance use disorders present with a range of physical, behavioral and developmental deficits and exhibit greater difficulty coping with institutional rules and integration back into the community. Statistics indicate that upon release from jail or prison, many people with substance abuse disorders continue to lack access to necessary services and, too often, become enmeshed in a cycle of costly justice system involvement. Justice system personal, behavioral health treatment and service practitioners, researchers, and policy makers agree that the maintenance of better individual-level outcomes and a reduction in recidivism necessitate a formalized continuity of services from institution to community setting.

Therefore, the City of Jacksonville, Social Services Division desire the services of an experienced organization to implement and operate a residential substance abuse education, treatment, case management and community reintegration aftercare program for adult inmates within the Duval County correctional system. One that the framework directs behavioral health, justice system and community stakeholders to work collaboratively across systems to design and implement evidence-based programming to forward the dual goals of individual recovery and risk reduction.
The Duval County correctional system is operated by the Jacksonville Sheriff's Office (JSO) and consists of three separate facilities. The John E. Goode Pre- trial Detention Facility (PDF) is Duval County's maximum-security jail with a rated capacity of 2,189 and houses primarily un-sentenced / pre- trial male and female defendants and is located at 500 East Adams St. in downtown Jacksonville. The James I. Montgomery Correctional Center (MCC) is a medium security facility with a rated capacity of 648, that houses primarily sentenced male and female offenders and is located at 4727 Lannie Rd. in Jacksonville's Northwest side. The third facility, the</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>Attachments</td><td></td><td></td><td>Yes</td><td>Yes</td></tr>
<tr><td>2. <u>Specifications:</u>
Please see attached document and provide all items or services as identified below in accordance with all other Terms and Conditions specified herein.</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>Attachments</td><td></td><td></td><td></td><td>Yes</td></tr>
<tr><td>3. Bidders should submit or comply with the following requirements. Failure to submit any of these requirements may be grounds for rejection.

Consultant/Firm must satisfy the following mandatory minimum requirements in order to have their Responses evaluated. By submitting a Consultant warrants and represents that it satisfies these requirements. Failure to meet these requirements will result in the Response not being evaluated and being rejected as non-responsive:

1. Currently possesses and maintain appropriate licensure by the State of Florida, Department of Children and Families, Substance Abuse's Mental Health (SAMH) Program Office to provide substance abuse prevention, intervention, treatment, and aftercare services.

2. Authorized to perform under Florida Statutes licensed programs for services sought by this RFP

3. Receipt of a current business/occupational license and a local business address.

4. This RFP is restricted to a Florida based agency.

5. The Consultant/Firm must have the ability to obtain and maintain liability insurance as required by the City of Jacksonville and must submit with their response, a signed affidavit from their insurance provider stating they can provide all required</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>Attachments</td><td></td><td></td><td>Yes</td><td>Yes</td></tr>
<tr><td>4. <u>Price Sheet:</u>
Please download the attached spreadsheet to enter prices and upload back. Please do not make any changes to the item descriptions or quantities indicated. See the attachment(s) for additional information.</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>Attachments</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td></tr>
<tr><td>5. The project will consist of <u>three (3)</u> components. One component will provide substance abuse education and information (licensed prevention and/or intervention) services to the general population of adult inmates, both sentenced and pre-trial, within the three facilities of the Duval County correctional system. A second component will provide a 135-bed therapeutic community (TC) intensive, licensed treatment program for sentenced male and female adult inmates whose anticipated length of in-jail treatment is at least 120 days. The TC must accommodate a minimum of 35 and a maximum of 50 female inmates, housed within the Community Transition Center facility. Inmates within the TC will be in varying stages of participation within the TC, beginning with pre-treatment workers status, active treatment, and post-treatment participation. The third component of this project will make available licensed aftercare/continuing care services for TC treatment participants to include case management for up to one-year following successful completion of in-jail treatment. Aftercare activities will include the assessment, planning, and coordination of the participants' educational, vocational, social, financial, housing, and continuing treatment needs both while in the TC program and upon release from incarceration. Aftercare services will include monitoring of post-release return to the community and criminal recidivism for one-year following release from incarceration. A degreed and credentialed project supervisor will direct and coordinate the activities of the various project components.

The City of Jacksonville request for services include, but is not limited to, Substance Abuse Treatment Services, Mental Health Services, Case Management Services, Therapeutic Recreational Activity Services, Trauma Informed Services and Aftercare.

Candidates eligible for in-jail treatment may be referred by Court Services staff, by correctional staff, the judiciary, State Attorney and Public Defenders' offices, private legal counsel, correctional medical system personnel, family members, by self-referral, etc. Admission into treatment will be the joint decision of the Chief/Assistant Chief of the Community Transition Center (CTC), or designee, and the project supervisor.

<u>The project's goals are to:</u>

1. Reduce the criminal recidivism of treatment participants in the therapeutic community;

2. Reduce post-incarceration substance abuse relapse among treatment participants (with abstinence as the goal for each participant); and,

3. Increase the level of the offender's stake in societal norms

<u>The project's objectives are to:</u>

1. Make available comprehensive, innovative, and cost-effective substance abuse treatment services to sentenced chemically dependent offenders during their term of county incarceration and maintain a minimum successful treatment completion rate of not less than 75%. Services and treatment approaches shall be culturally sensitive/relevant and shall address the special needs of minority populations including women and individuals with co-occurring mental health disorders.

2. Enhance the education, life management, vocational, and parenting skills of participants in the therapeutic community in order to improve their future functioning as productive and responsible citizens, employees, parents, and family members.

3. Coordinate post-release services for treatment participants in the therapeutic community through the case-management component, utilizing aftercare funds made available within this project, and in conjunction with other community resources, and monitor their ongoing adjustment for adherence to treatment goals for one-year following completion of in-jail treatment.

4. At each of the county's three correctional facilities, provide substance abuse education prevention information and referral services, facilitating a minimum of 25 didactic educational groups weekly for adult inmates in the general population, and link inmates with other relevant justice system and community self-help services.

<u>Recommendations for Treatment Providers</u>

The consensus panel believes that to maximize the benefits of substance abuse services, treatment staff working with clients in jails should consider the following recommendations:

1. Provide ongoing consultation to jail administrators and other jail staff about substance abuse issues, and work to establish a continuum of services in the jail and community for people with substance abuse problems.

2. Develop evidenced based treatment approaches that are targeted to recognized special populations, such as those described in this RFP.</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>6. To maintain comparability and facilitate the evaluation process, Responses shall be organized in the manner set forth below. Tab delineations for each of the sections would be helpful.
The formal response to the RFP - Non-Construction. Each proposer will clearly indicate within the Cover Letter that your response is for the RFP.
The RFP shall contain no more than thirty (30) single-sided, 1.5-spaced, 8½" by 11" pages, excluding appendices. The font style shall be Arial with a minimum font size of 11 points. The title page and a single-page cover letter will not be counted as part of the 30-page limit. A cover letter in excess of one page and any other information submitted beyond that noted in the requirements will be counted as part of the 30-page limit. Any RFP exceeding these formal guidelines will be rejected without being considered by the City. Provide proof of insurance, bonding capacity, and licensing. Copies of these documents may be included as appendices and will not be counted against the 30-page limit.

1) Title Page: Include <u>only</u> RFP Title, RFP Number, Contractor's full name, address, phone number.
2) Cover Letter: Include <u>only</u> the following:
· Date of Letter.
· RFP Title and Number
· Bidder's full name, address and phone number.
· Names of the persons who will be authorized to make representations for the Bidder, their titles, addresses (including email address) and telephone numbers.
· Bidder's Federal Employer ID Number.
· Acknowledgement that (i) the Response is based on the terms set forth in the RFQ and all amendments thereto posted on City's website as of the date of the Response, and (ii) the Bidder will be responsible for monitoring City's website for subsequent amendments and for either maintaining, amending, or withdrawing the Response prior to the Response Due Date based on those subsequent amendments.
· Signature of Authorized Representative.

3) Required Forms. Attach all forms identified in requirements section. Examples of forms that may be required include:
· Business References. (if requested)
· Equal Business Opportunity Program Forms (if requested).
· Proposal Bond (construction phase)
· Insurance Agent Acknowledgment (construction phase)

4) Proof of Minimum Requirements. Responses will be accepted ONLY from companies meeting the minimum requirements in section of the RFP. Bidders must provide clear documentation that they meet the minimum requirements.
5) Statement of Qualifications. This portion of the Response will be used to provide the information City needs to evaluate how well the Contractor meets the criteria listed in the Evaluation Criteria. <u>Failure to provide adequate information on any criterion will result in lower scores and could result in rejection of the Response as non-responsive.</u> Please divide this portion of the Response into subsections that correspond to each of the listed criteria.</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
<tr><td>Attachments</td><td></td><td>Yes</td><td>Yes</td><td>Yes</td></tr>
<tr><td>3. Evaluation Criteria - Preliminary Response Stage (Prelimina…</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Score</td><td></td><td>84.33</td><td>87.00</td><td>48.00</td></tr>
<tr><td>1. PROGRAM</td><td></td><td>a. Acknowledge</td><td>a. Acknowledge</td><td>a. Acknowledge</td></tr>
</table>

	STATEMENT: (10 Points) A problem statement is a concise description of the issues that need to be addressed. Assess the factors that are driving or alleviating the problems. Applicants should provide a problem statement based on local, regional, or statewide data as it relates to substance abuse treatment and its related issues. The problem statement should answer questions such as: "What is the Problem"; "Who is effected by the problem"; "What resources are available", and the proposed solution to the problem.				
	Score		8.00	9.33	5.67
2.	**PROGRAM DESCRIPTION: (15 Points)** In the program description narrative, applicants **must** clearly state which program designed is being proposed and provide a detailed description of the proposed program design. The applicant should assess its resources and readiness to address the issue. The applicant should address its current capacity to implement the proposed project as well as identify resources available and needed. Capacity building description should address how the applicant is raising stakeholder's awareness, engraining diverse stakeholders, and strengthening collaborative efforts. Applicants that demonstrate their capacity to facilitate effective partnerships with community-based substance abuse treatment program and mainstream resources will be given priority The project description should clearly describe how the applicant will conduct early identification screening, develop a comprehensive plan to assess inmate treatment needs, monitor compliance of participants, and make appropriate referrals to services upon release. Further, the description **must** include the anticipated number of clients to be served, a description of how substance abuse treatment services will be delivered, and how other criminogenic needs (those that predict recidivism) will be identified and met. The selected program should focus on the substance abuse diagnosis and addition related needs and provide services such as individual and group treatment services activities, weekly individual therapy, relapse prevention planning, cognitive, behavioral, social, and vocational skills development, and constructive leisure activities. For example, proposals should discuss how dynamic factors such as cognitive deficits resulting in poor decision- making skills, rigid thinking, impulsivity, and risk-taking behavior will be addressed. As part of the program design, applicant must ensure that individuals (inmates) who participate in the program be provided aftercare services. Program should prepare participants for successful community reintegration, including post-release referrals to appropriate evidence-based aftercare treatment and service providers that support the participants reintegration back into the community. Applicants must describe their aftercare services including how needs such as employment, education, housing, and access to mainstream resources will be coordinated and met in order to provide participants a smooth transition back into the community. Projects are expected to represent collaboration between the jail, courts, probation department, and the treatment community as well as involve coordination between the correctional treatment program and other social service and rehabilitation programs, such as education and job training agencies, parole supervision, halfway houses, and secular self-help and peer		a. Acknowledge	a. Acknowledge	a. Acknowledge
	Score		13.00	13.67	6.33
3.	**EVIDENCE-BASED PROGRAM / BEST PRACTICES DESCRIPTION:** **(5 Points)** Key elements for a successful RFP Project include treatment practices that have a demonstrated evidence base and are appropriate for the target population. Applicants should identify the evidence -based practice being proposed for implementation, identify, and discuss the evidence that show that the practice is effective, and discuss the population(s) for which this practice has been shown to be effective. Applicants should document that the selected practice is appropriate for the specific target population and purpose of their project.		a. Acknowledge	a. Acknowledge	a. Acknowledge
	Score		4.67	4.33	2.00
4.	**DESCRIPTION OF GOALS AND OBJECTIVES PERFORMANCE INDICATORS (15 Points)** The applicant should identify its specific goals and objectives for the project and provide appropriate detailed activities, performance measures and indicators for each. Performance measures and indicators tend to state how you have achieved the stated objective.		a. Acknowledge	a. Acknowledge	a. Acknowledge
	Score		13.67	13.67	6.33
5.	**DESCRIPTION OF IMPLEMENTATION (20 Points)** The applicants should provide a narrative of their plan of action and a timeline aimed at accomplishing their goals and the objectives outline in the proposed project. The applicant should also include how aftercare services, including aftercare treatment services, will be provided. Include a timeline of key activities and project milestones. (20 points maximum score)		a. Acknowledge	a. Acknowledge	a. Acknowledge
	Score		17.00	18.33	8.67
6.	**DESCRIPTION OF EVALUATION (5 Points)** Evaluation is the systemic collection and analysis of information about the program activities, characteristics, and outcomes. Information collected should be utilized to improve the effectiveness of the program. Applicants should provide a narrative on how the program will be evaluated. The evaluation should answer questions to how well the program was delivered and how successful it was in achieving the expected outcomes or goals that are outlined in the proposal		a. Acknowledge	a. Acknowledge	a. Acknowledge
	Score		4.67	4.00	2.33
7.	**PAST AND PRESENT DEMONSTRATED COMMITMENT TO SMALL AND MINORITY BUSINESSES AND CONTRIBUTIONS TOWARD A DIVERSE MARKETPLACE. (5 Points)** Responding to this evaluation criterion necessitates those proposers indicate their past and present commitment to minority, women-owned, small, and emerging businesses. More specifically, responses to this evaluation criterion should include, without limitation, statements that document the proposer's: (i) commitment to diversity among the directors, officers, members and/or employees that make up its firm; (ii) commitment to diversity within its community and beyond; (iii) commitment to and/or utilization of minority, women-owned, small and emerging businesses on past projects; and (iv) commitment to and/or utilization of minority, women-owned, small and emerging businesses, certified JSEBs in particular, for the project solicitation in question.		a. Acknowledge	a. Acknowledge	a. Acknowledge
	Score		3.67	2.67	3.67
8.	**ABILITY TO DESIGN AN APPROACH AND WORK PLAN TO MEET THE PROJECT REQUIREMENTS. (10 Points)** The application of this criteria shall include an assessment of the overall quality of the proposal. Qualities and indicators that will receive consideration include: · The organization's performance in converting the Scope of Services into a proposed work plan, including a detailed but realistic chronological and benchmarked implementation timeline/schedule for the project. · The detail and clarity of the discussion as to the respondent's approach to undertaking the project, including a description of the proposed project's treatment format, proposed daily/weekly schedule of activities, and proposed selection criteria for the treatment program inmate participants. · The organization's performance in identifying any special problems or concerns, such as frequent staff turnover and recruitment, engagement, and retention of program participants, which may be associated with the project, and preliminary ideas about how these obstacles should be addressed. · The inclusion of any unique approaches which are designed to save time and money and increase the quality and effectiveness of the project. · The demonstrated ability to work with government bodies and a full understanding of applicable laws or regulations that relate to the project. (10 points maximum score)		a. Acknowledge	a. Acknowledge	a. Acknowledge
	Score		7.33	8.00	5.00
9.	**QUOTATIONS OF RATES, FEES OR CHARGES AND OTHER DETAILED COST PROPOSAL OR COST BREAKDOWN INFORMATION. (10 Points)** The application of this criteria shall include an assessment of the level of compensation that will be required by the organization to operate the project. All proposals shall include a properly completed "Cost or Price Summary Format for City Of Jacksonville, Florida" form as attached. Prices and fee quotations as shown on the form shall be arithmetically correct and consistent with those contained within the body of the proposal itself. Prices and fee quotations shall be provided for the first full year of project operation, along with maximum renewal increases and their basis (for example, an economic index or indicator such as the Consumer Price Index, etc.) for the subsequent two (2) annual contract renewal years as provided for in section IV. of this request for proposals. Qualities and indicators that will receive consideration include: · The level of detail provided in how the organization's fee and charge information has been determined. · The completeness of form(s) provided and/or required by the Scope of Services. · The proposed cost to operate the project as described by the Scope of Services and detailed in the respondent's proposal. · The degree of the respondent's willingness to negotiate fees. · Any indications of the respondent as to special pricing considerations such as limitations on overhead costs, expressions to fix-prices for a defined period of time, and a willingness to work within a "cap", etc. · Budget Worksheet with Narrative (10		a. Acknowledge	a. Acknowledge	a. Acknowledge
	Score		8.00	8.67	6.33
10.	**SUMMARY (5 Points)** Provide an executive summary of how this project will bring a positive impact to the community and the participants it serves. (5 points maximum score)		a. Acknowledge	a. Acknowledge	a. Acknowledge
	Score		4.33	4.33	1.67

ONE CITY. ONE JACKSONVILLE.

City of Jacksonville, Florida

Daryl Joseph, Director

Parks, Recreation and Community Services Department
214 N Hogan Street, 4th Floor
Jacksonville, FL 32202
(904) 255-7919
www.coj.net

MEMORANDUM September 25, 2024

TO: **Dustin Freeman, Chief**
Procurement Division

FROM: **Krysta Meeker, Human Services Planner III**
Social Services Division

THRU: **Johnetta Moore, Chief**
Social Services Division

RE: Residential Substance Abuse Education, Treatment, Case Management & Community Reintegration Aftercare Program for Adults Inmates within the Duval County Correctional System, **{MATRIX PROGRAM}**

The Parks, Recreation and Community Services Department Social Services Division has chosen the vendor with highest score from the award solicitation: RFP 15941-24,3. However, we will need to re-negotiate the price cost for services we are not obligated to provide and positions that are not necessary prior to final acceptance. The highest scoring vendor has been selected to provide Residential Substance Abuse Education, Treatment, Case Management, & Community Reintegration Aftercare Program for Adult Inmates with the Duval County Correctional System resulting in the attached **Scope of Services, Exhibit A** and **Contract Fee Schedule, Exhibit B**.

Accordingly, this is to recommend that the Parks, Recreation and Community Services Department/Social Services Division enter a contract with I.M. Sulzbacher Center for the Homeless, Inc., to provide **Residential Substance Abuse Education, Treatment, Case Management & Community Reintegration Aftercare Program for Adult Inmates within the Duval County Correctional System** that incorporates the attached Scope of Services identified as Exhibit A and Fee Schedule identified as Exhibit B. The contract period will be from October 1, 2024, through September 30, 2027, with annual monitoring to ensure compliance; The maximum indebtedness for year one is not to exceed the amount of **$1,978,882.44.** All other terms and conditions of the Contract are per the City's standard contract language and as provided in the Request for Proposals.

.

Attachment: Exhibits A & B

cc: Renata Barnett

FORM 1 - Price Sheet

Substance Abuse Education/Information, Treatment, Case Management and Aftercare Program for Adult Inmates within the Duval County Correctional System

1. PROJECT: MATRIX PROGRAM

2. RFP #: 15941-24

NAME OF VENDOR: I.M. Sulzbacher Center for the Homeless, Inc. DATE: 8/23/24

PART I - PERSONNEL COST SUMMARY				
3. DIRECT LABOR	**ESTIMATED HOURS**	**HOURLY**	**ESTIMATED COSTS**	**TOTALS**
PERSONNEL:			$	
# of Positions 29.1				
President, Health Services Division	208	$ 123.79	25,748.10	
Patient Services Coordinator	2080	$ 18.68	38,860.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Case Manager, Aftercare	2080	$ 18.70	38,902.50	
Program Manager, Aftercare	2080	$ 24.04	50,000.00	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	
Supportive Counselor	2080	$ 20.10	41,818.35	

Licensed Clinical Social Worker	2080	$ 29.81	62,000.00	
Jail Inreach Coordinator	2080	$ 21.35	44,400.00	
Jail Inreach Coordinator	2080	$ 21.35	44,400.00	
Peer Support Specialist	2080	$ 19.62	40,818.75	
Peer Support Specialist	2080	$ 19.62	40,818.75	
Senior Substance Use Prevention Specialist	2080	$ 21.15	44,000.00	
Substance Use Prevention Specialist	2080	$ 16.83	35,000.00	
Substance Use Prevention Specialist	2080	$ 16.83	35,000.00	
Vice President Corrections Services	2080	$ 48.08	100,000.00	
Program Manager, Therapeutic Community	2080	$ 24.04	50,000.00	
FRINGE BENEFITS				
FICA 7.65%			96,369.25	
Health 17.24%			217,177.24	
Retirement 2.20%			27,714.03	
Dis/Lif .30%			3,779.19	
WC 1.20%			15,116.75	
SUTA .2%			2,519.46	
DIRECT LABOR TOTAL				**1,622,404.67**
4. INDIRECT COSTS	3.00%			
(Specify Indirect Cost Pools)				
Total Direct Labor			48,672.14	
INDIRECT LABOR TOTAL				**48,672.14**
5. SUBTOTAL DIRECT/INDIRECT COSTS (Items 3 & 4)				**1,671,076.81**

PART II - REIMBURSABLES COST SUMMARY				
6a. TRAVEL			**ESTIMATED COSTS**	**TOTALS**
TRANSPORTATION			**8,040.00**	
PER DIEM			**$**	

TRAVEL SUBTOTAL				**8,040.00**
b. EQUIPMENT, MATERIALS, SUPPLIES	**QUANTITY**	**COST**	**ESTIMATED COSTS**	
General Operations: Equipment, Materials, Supplies			33,900.00	
Aftercare: Equipment, Materials, Supplies			15,000.00	
Aftercare : Client Assistance			177,500.00	
EQUIPMENT SUBTOTAL				**226,400.00**
c. SUBCONTRACTS				
Special Services - Consultant			50,000.00	
SUBCONTRACT SUBTOTAL				**50,000.00**
d. OTHER (Specify)				
Staff Training			5,000.00	
OTHER SUBTOTAL				**5,000.00**
7. SUBTOTAL REIMBURSABLES (Items 6a, b, c & d)				**289,440.00**
PART III - COST SUMMARY				
8. TOTAL (Lines 5 & 7)				**1,960,516.81**
9. THREE YEAR PROJECTION			2024-2025	1,960,516.81
			2025-2026	2,019,332.31
			2026-2027	2,079,912.28
				$
				$
			GRAND TOTAL FOR ALL 3 YEARS OF CONTRACT	**8,020,278.22**

FORM 1A - PROGRAM COST DETAIL
Substance Abuse Education/Information, Treatment, Case Management and Aftercare Program for Adult Inmates within the Duval County Correctional System

1. NAME OF CONSULTANT: I.M. Sulzbacher Center for the Homeless, Inc. **2. RFP #: 15941-24**

			ESTIMATED COSTS	TOTALS
SALARIES (from Form 1)			$	
FRINGE BENEFITS	**RATE (%)**	**COST**		
Personnel (29.1 positions)		**1,259,728.75**		

Fringe Benefits		**362,675.92**		
Total Fringe			**362,675.92**	
Sub Total Direct Labor			**1,259,728.75**	**1,622,404.67**
Indirect Cost	**3%**		**48,672.14**	**48,672.14**
EQUIPMENT, MATERIALS, SUPPLIES				
General Operations Equipment, Materials, Supplies			**$**	
Office Supplies			8,000.00	
Telephones 25 users per month per year			6,900.00	
Computers (15 @950)			19,000.00	
			$	
Sub Total - General Operations			**33,900.00**	**33,900.00**
Aftercare Equipment, Materials, Supplies				
Medical Supplies			15,000.00	
			$	
			$	
			$	
			$	
Sub Total - Aftercare Equipment, Materials, Supplies			**15,000.00**	
Total - Equipment, Materials,				**15,000.00**
Aftercare Client Assistance (To include but not limited to)				
Guest Medical			5,000.00	
Client Personal			5,000.00	
Food Assistance			10,000.00	
Transportation Assistance			7,500.00	
Community Reingagement			10,000.00	
Housing			140,000.00	
Sub Total Aftercare Client Assistance				**177,500.00**
Subcontracts/Special Services				
Consultant			50,000.00	
			$	
			$	
Sub Total - Subcontracts			50,000.00	**50,000.00**
Other Service Costs				
Staff Training			5,000.00	
Travel (12000 @.67/mile)			8,040.00	

			$	
Sub Total - Other				**13,040.00**
GRAND TOTAL				**1,960,516.81**
				$
				$
PROJECTED TOTAL for Fiscal Year 2024-2025				1,960,516.81
PROJECTED TOTAL for Fiscal Year 2025-2026				2,019,332.31
PROJECTED TOTAL for Fiscal Year 2026-2027				2,079,912.28
GRAND TOTAL FOR ALL 5 YEARS OF THE CONTRACT				**8,020,278.22**

Program description 15 points

Design: The project, per the RFP, will consist of 3 components.

The first is to implement substance use education and information to reach up to 6,500 individuals in a 12-month period. There are licensed prevention and/or intervention services to the general population of adult inmates, both sentenced and pre-trial, within 3 facilities of the Duval County Correctional system (herein after referred to as **Component 1**). Another goal is to implement a best practice model, 135-bed therapeutic community of serving both male and between 35-50 female inmates for at least 120 days, an intensive, licensed treatment program, herein after referred to as **Component 2**. The third component of this project will make available licensed/aftercare/continuing services for therapeutic community treatment participants for 12 months post release (**Component 3**). Sulzbacher will educate incarcerated participants with substance use disorders and related criminal charges, with the goals of reducing the criminal recidivism of treatment participants in the therapeutic community, reduce post-incarceration substance abuse relapse among treatment participants and help participants become productive members of society in aftercare.

Participants from Sulzbacher clinics with a history of incarceration and substance use disorders were asked to determine what they would have needed upon being released from jail and what the barriers were. One client stated what would have helped him was "finding a job, a place to stay....if I had my own place I could do the right thing." Another states "what we needed was getting hooked up with services....mental health, medications. It is a traumatic event to be in there I still have issues, PTSD...knew where to go and who to talk to, it is easiest to go right back to the streets and drugs. Would have liked help with things like food stamps, finding a job that will take a felon...need someone who has been there done that to talk to."

Each person enrolled in the program will work with the case manager on their treatment plan, seeking to identify and meet their goals. This program will maintain a minimum successful treatment completion rate of not less than 75% for program participants, with culturally sensitive care, for participants, and be especially sensitive towards minority populations such as women and communities of color as well as those with co-occurring mental health disorders. The therapeutic community program will not only focus on the education and support around the substance use disorder, but will also incorporate assistance with income, healthcare, parenting classes, mending significant relationships, education needs of participants in order to improve their future functioning so they can become productive and responsible citizens, slamming the revolving door of recidivism, cost to the community, and broken relationships. Assistance with affordable housing will be provided.

A consultant who was one of the original architects of the Matrix program will be employed by Sulzbacher to assist with the transition for the first year. This individual has the historical knowledge and decades of experience in the Jacksonville Sherrif's Office (JSO) and is still in close communication with the dedicated members of the current Matrix staff. Sulzbacher obtained Federally Qualified Healthcare Center (FQHC) status in 2001. From its original campus and clinic site, Sulzbacher now operates three fixed site clinics, with another soon to be completed, and mobile outreach. The fixed site clinics offer primary health care, dental care, mental health counseling, substance abuse counseling and treatment, vision services, and linkage to specialty medical care as needed. Initially providing care only for adults, Sulzbacher expanded to pediatrics in 2018.

The populations Sulzbacher currently serves are low income, under-insured or uninsured adults, children, and families with mental illness, substance use, co-occurring disorders, criminal justice involvement and/or with complex medical needs. Sulzbacher aims to meet people where they are, not where we think they should be. Sulzbacher believes all individuals deserve to get access to healthcare services, including optimal mental health and substance abuse services, where individuals and their loved ones can be educated, counseled, trained and supported regarding their emotional and psychological needs without the fear of being abandoned, judged, or perceived as problematic. Sulzbacher welcomes diverse populations with complex biopsychosocial needs and views its clinics as the safety net of the safety net.

Sulzbacher as an FQHC and a local housing leader is uniquely poised to treat the whole individual, whether they need substance use treatment (including medication assisted treatment), mental health treatment, primary care, dental care, eye care, linkage to case management, linkage to housing, linkage to benefits through SSI/SSDI Outreach, Access, and Recovery (SOAR) and linkage to jobs through a partnership with Goodwill Job Junction. A huge benefit Sulzbacher has as an FQHC is that it is able to take advantage of discounted 340B pricing on medications to allow purchase of medications for clients without insurance which would really benefit those clients entering the Aftercare component. With both 330 (e) Community-Based and 330 (h) Healthcare for the Homeless target populations, Sulzbacher services are open to all. A common catchphrase at Sulzbacher is "Everyone is eligible". Sulzbacher partners with various nonprofit organizations and hospitals around Jacksonville for assistance with inpatient treatment, residential recovery treatment, detox, housing, food support, and employment assistance for clients.

There is a trauma informed overlay to Sulzbacher services as it is recognized that underlying trauma is often what underlies many clients current biopsychosocial needs. Sulzbacher takes pride in providing integrated care, and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for integrated care, as well as care for adults and children. Sulzbacher is licensed by the Department of Children and Families (DCF) to provide prevention, outpatient treatment, intervention and aftercare services.

Sulzbacher is the Duval County FQHC partner of the Coordinated Opioid Recovery (CORE) project. Sulzbacher also runs the National Award-winning program, The Mental Health Offenders Program (MHOP), which has been in operation since February 2021, in partnership with the Duval County Circuit and County Judges, State Attorney's Office (SAO), Public Defender's Office, City of Jacksonville (COJ), Jacksonville Sheriff's Office (JSO), Gateway Community Services and Lutheran Services of Florida. MHOP has been published in scientific journals (Bell et al. HCA Healthcare Journal of Medicine (2022) 3:3 https://doi.org/10.36518/2689-0216.1423) and presented at national scientific meetings, receiving the 2024 Psychiatric Services Achievement Award at the National American Psychiatric Associations large annual conference on 5/6/24. The goal of the MHOP is to reduce the demands on the criminal justice system and costs to taxpayers by diverting those misdemeanor offenders with severe mental illness to a program that meets their psychiatric, medical, and social service needs with wraparound, team-based care. This program provides pretrial release from custody and diversion to a customized plan of care to stabilize defendants with court supervision to ensure compliance. Last year, Sulzbacher data showed that the monthly average arrest rate dropped 90% for participants, along with an 82% drop in the monthly average of days in jail, an 90% decrease in monthly average costs for arrest in booking process, an 88% drop in monthly average cost of jail stay and a 100% drop in individuals previously Baker Acted directly from jail in First Appearance Court. MHOP has had 18 graduates of the program, who are stable psychiatrically, have income, and permanent housing.
One of Sulzbacher's strengths is its ability to partner and collaborate. Sulzbacher maintains many Memorandums of Understanding (MOUs) with hospitals such as University of Florida and Mayo Clinic, local mental health nonprofits like Mental Health Resource Center, substance abuse nonprofits like Gateway Community Services, as well as housing resources such as Changing Homelessness, and Ability Housing. Sulzbacher partners and collaborates with the other local FQHC Agape Family Health, the City of Jacksonville, Jacksonville Sheriff's Office, Jacksonville Fire and Rescue Department (JFRD), and NaphCare. Inc. (the Duval County jail physical and mental health/substance abuse provider). Sulzbacher has Goodwill Job Junction

on site and partners with them extensively. Legal partners include the treatment courts, public defender's office, and state attorney's office. All of these entities are in regular communication with Sulzbacher, and outreach and information on our services is provided to them, with updates on new programs. Sulzbacher is embedded in the fabric of the community and supported by diverse stakeholders. Sulzbacher's message to the community is everyone is eligible regardless of their ability to pay or insurance status, there is no wrong door to access services, and Sulzbacher meets people where they are, not where we think they should be.

The program will be championed by Dr. Colleen Bell, the President of the Health Services Division. Dr. Bell has an MD from the University of Buffalo School of Medicine and completed her psychiatric residency at the Western Psychiatric Institute and Clinic in Pittsburgh, PA. Dr. Bell has completed Florida Adult Forensic Examiner Training, has her Board Certification by the America Board of Psychiatry and Neurology, and is Board Certified in Public and Community Psychiatry by the American Association of Community Psychiatry (AACP). She is Secretary for the Florida Psychiatric Society and AACP. She is currently fully licensed in Florida and does advocacy work for mental health issues nationally and in FL. In her role, she directly oversees all health clinic operations and services at all Sulzbacher locations. She is faculty for both Orange Park Medical Center and University of Florida psychiatric residency programs, and precepts for medical students. However, this is very much a team approach, and many of the current team members operating the program are subject matter experts and we would want to keep that institutional knowledge to ensure holistic, wraparound, equitable care. We would strive to keep as many of the current staff members who would want to stay, and have leadership roles for the Vice President, Corrections Services to lead the program day to day, as well as program managers for the prevention/education specialists, for the supportive counselors, who will be conducting the group and individual activities during incarceration, as well as the program manager for the Aftercare case managers.

Further description of the project components is as follows.

Component 1: The program will operate in each of the county's three correctional facilities, facilitating a minimum of 25 didactic educational groups weekly for adult inmates in the general population. This will be accomplished by 1 full time Senior Substance Abuse Prevention Specialist, 2 full time Peer Specialists, and 2 full time Substance Use Prevention Specialists. These individuals will provide education on substance use disorders and refer for screening to the jail treatment unit and justice system agencies and programs, as applicable. The team will work with JSO to ensure they are meeting expectations in terms of classes, classes are

conducted from lesson plans reviewed by Sulzbacher and JSO leadership and updated so information that is presented is up to date. Classes provide instruction and interaction amongst participants on various topics to strengthen an individual's knowledge base, co-dependency, self-help groups, 12 step groups, overview of mental illness, coping skills and strategies to prevent recidivism and relapse. Media may include videos, handouts, group discussion and role playing. The Senior Substance Use Prevention Specialist assures the quality standards of the classes are maintained. Staff will employ motivational interviewing techniques to help participants move through the stages of change. Staff will also operate in a culturally sensitive and trauma informed manner and be trained in such. The education specialists will also conduct individual counseling sessions.

Component 2: Two Jail In-Reach Coordinators will screen referrals from the court and other partners Referrals will be received from the legal system partners and screened in a timely fashion (target: screening occurs in less than 1 week) to see if the candidate is a fit for the program and will be able to meet the requirements for completion. Sulzbacher will use validated tools in the public domain to assess the candidate, including the Ohio Risk Assessment System (ORAS) and Brief Addiction Monitor (BAM) on those who have identified substance use concerns. The BAM is used to screen for mild to severe substance use disorder. The ORAS is a set of dynamic risk/needs assessment tools that help to identify criminogenic factors that drive a person toward negative or criminal behaviors and can also help to determine risk of re-offense.

The project will use the APIC Model, a best practice approach for transition planning and community re-entry from jail for people with mental health and co-occurring substance use disorders. APIC is an acronym for Assess, Plan, Identify and Coordinate. The model has been identified to promote the behavioral health and criminal justice partnerships necessary to successfully identify which people need services, what services they need, and how to match these needs upon transition to the community. The outcomes of inadequate transition planning may precipitate increased incidence of psychiatric symptoms, relapse to substance abuse, hospitalization, suicide, homelessness, and re-arrest. In contrast, effective transition/aftercare planning can minimize the risks of reentry and can enhance public safety by increasing the possibility that individuals will access and participate in housing, treatment and services that promote improved individual recovery outcomes. The APIC Model represents a transition plan that is individualized for each program participant. The goal of the plan is to support community living, reduce maladaptive behaviors, and decrease the chances that individuals will re-offend

and reappear in the criminal justice system. The APIC plan may include identified needs including housing, employment, benefits, emergency food/clothing, transportation and other community and social services. The Sulzbacher Center offers a comprehensive array of clinical and non-clinical services and is a one stop shop. Any services not offered can be accessed through active collaborations within the service area community. Social determinants of health must be addressed for participants to move toward recovery and community integration. The therapeutic community will strive to contain all the essential elements described in Dr. George DeLeon's TC manual, *The Therapeutic Community, Theory, Model and Method*. The program will operate in a phase advancement system, with clear criteria for movement through the phases.

The goal is to have a waiting list to keep the 135 beds full. The Jail In-reach Coordinators will work closely with staff from the court, JSO and NaphCare to obtain all necessary information. If clients who are referred need a secondary level of review, they will be staffed with the Vice President and the goal will be to warmly engage referrals so they see that the program will help them break the cycle. The patient services coordinator will ensure referrals and participants in the therapeutic community are entered into the electronic health record, and that their confidential records are kept up to date. The therapeutic community is a fully comprehensive program addressing life skills, with classes taught by supportive counselors and overseen by 9 Supportive Counselors, overseen by 1 Program Manager, Therapeutic Community. Clients are offered treatment 7 days a week, addressing issues such as relapse prevention, communication, stress management, spirituality, problem solving, job readiness, money management/budgeting, how to make healthy decisions, how to break away from maladaptive coping mechanisms, anger management, trauma, the importance of taking care of mental health and medical concerns, forgiveness, affirmation, biofeedback and family relationships. The program will use pre and post program effectiveness in the education of clients. A family group will be provided, leveraging an individual's supports to help them succeed post release and also helping heal the trauma chronic substance use can cause. This family group is also open to Aftercare participants. Clients who are in re-entry phase are involved in community-based support group meetings such as AA and NA, as well as Alumni activities. Individuals in re-reentry phase help mentor newer clients and serve as a role model and proof that change is possible.

Component 3: The team of 9 case managers and their program manager will coordinate post relapse services for clients in the therapeutic community, and these needs are identified prior to

entry into the therapeutic community by the Jail In-Reach Coordinators. The case managers work with the client to develop a treatment plan to set the individuals up for success. Clients will be assigned a case manager within 1 week of entry into the therapeutic community. Case managers work with each of their clients to ensure successful reentry into the community and referrals to licensed service providers, whether at Sulzbacher or other licensed community partners. Referral to housing upon release for the housing insecure is key, and Sulzbacher will leverage its extensive housing resources and community partners to ensure access to safe, affordable housing, whether in halfway houses. The program works with partners like Operation New Hope and the Goodwill Job Junction, to help individuals with records obtain gainful employment. For those that qualify in terms of significant mental health or medical comorbidities, case managers can also assist with applying for federal benefits. For those who served, Sulzbacher will connect with Veteran's Affairs resources. Funding provided by the contract can help individuals obtain work clothing, transportation, and community re-integration activities. Education and support will be provided to the families of clients while in the therapeutic community, as well as in the Aftercare phase through weekly family support groups. Sulzbacher, as an FQHC, can serve clients substance use, mental health, medical, eye care and dental care needs post release, or can assist in setting individuals up with providers of their choice to meet those needs.

Evidence based program/best practices description 5 points

We will utilize the following evidence-based practices:

Therapeutic Community Model: The scientific literature demonstrates that when people with substance use disorders live together in an organized and structured way it helps them not only recover but reintegrate back into the community. Studies have shown significantly better substance use, employment, functioning and legal outcomes among Therapeutic Community Participants (Vanderplasschen W, Colpaert K, Autrique M, Rapp RC, Pearce S, Broekaert E, Vandevelde S. Therapeutic communities for addictions: a review of their effectiveness from a recovery-oriented perspective. ScientificWorldJournal. 2013;2013:427817. doi: 10.1155/2013/427817). This model is already in place with the current team.

Trauma informed care: Systems and organizations that implement a trauma-informed approach create safer environments the individuals they serve and their staff (Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. (SMA) 14-4884). https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf). Key components include screening clients for

trauma, training in trauma specific treatment approaches for staff, preventing secondary trauma in staff, involving clients in the treatment process, partnering with referral sources and community organizations (Key ingredients for trauma-informed care. https://www.chcs.org/media/Fact-Sheet-Key-Ingredients-for-TIC.pdf). Sulzbacher will ensure its staff are trained in both trauma-informed care and culturally competent care. All program staff will receive a best practice SAMHSA GAINS Center trauma training program (How Being Trauma Informed Improves Criminal Justice Responses) to increase understanding of trauma, awareness of the impact of trauma and how to develop trauma informed responses. The training can help to avoid retraumatizing individuals and thereby increase safety for all, decrease recidivism and promote recovery.

Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders (Substance Abuse and Mental Health Services Administration (SAMHSA)): According to data from the Florida Department of Corrections, over 60% of people released from Florida prisons will be rearrested within three years, and about one in four will be reincarcerated in a Florida prison during that same 36-month period. By year five, nearly one in three will be reincarcerated in Florida ("Florida Recidivism Report: Releases from 2008 to 2020."). It is also expensive, costing $77 per day or $28,000 per year to incarcerate someone in a Florida prison (Office of Program Policy Analysis and Government Accountability, 2022)

Recidivism rates and symptom acuity are at higher levels for those re-entering our communities who have mental health and substance use disorders. Individuals re-entering the community may need a vast array of supports, such as linkage to treatment, recovery programs, linkage to benefits, housing, employment and transportation. (chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf).

Relapse prevention: An evidence-based cognitive-behavioral approach to addiction treatment that uses a variety of strategies to help people minimize the risk of relapse. It two specific aims: preventing an initial lapse and maintaining abstinence or harm reduction treatment goals and providing lapse management if a lapse occurs such that further relapses can be prevented (Marlatt GA, Witkiewitz K. Relapse prevention in Alcohol and drug problems Relapse Prevention: Maintenance Strategies in Treatment of Addictive Behaviours. In: Marlatt GA, Donovan DM, editors. 2nd Edition. Guilford Press; 2005).

Description of Goals and Objectives Performance Indicators (15 points)

As set out in the RFP and expanded.

Goal 1: Reduce the criminal recidivism of treatment participants in the therapeutic community.

Objective 1: Make available comprehensive, innovative, culturally sensitive, and cost-effective substance abuse treatment services to sentenced chemically dependent offenders during their term of county incarceration and maintain a minimum successful treatment completion rate of not less than 75%. Services and treatment approaches will also address the special needs of minority populations including women and individuals with co-occurring mental health disorders.

Source: Participant attendance and completion rates.

Application: The client's participation and growth in the program is vital to their success post incarceration.

Method: Via groups, individual sessions, patient feedback questionnaires.

Frequency: daily while participants incarcerated, weekly or greater while they are in aftercare.

Adaptation: Adjust group offerings, training offered to staff, based on identified participant needs.

Objective 2: At each of the county's three correctional facilities, provide substance abuse education prevention information and referral services, facilitating a minimum of 25 didactic educational groups weekly for adult inmates in the general population, and link inmates with other relevant justice system and community self-help services. Target: Education reaching 6,500 inmates per 12-month period.

Source: Current group manuals, community resources, scientific literature.

Application: The client's participation and growth in the program and linkage to community resources is vital to their success post incarceration.

Method: Via groups, individual sessions, relationships with community partners.

Frequency: daily while participants incarcerated. Referrals to community resources as needed, per treatment/case plan.

Adaptation: Adjust group offerings, trainings offered to staff, based on identified participant needs. Keep up to date with current community resources.

Goal 2: Reduce post-incarceration substance abuse relapse among treatment participants (with abstinence as the goal for each participant).

Objective 1: Coordinate post-release services for up to 135 treatment participants in the therapeutic community through the case-management component, utilizing aftercare staff and funds made available within this project, and in conjunction with other community resources,

and monitor their ongoing adjustment for adherence to treatment goals for one-year following completion of in-jail treatment.
Source: Treatment/case plan, community partner resources.
Application: Linkage to housing, mental health treatment, substance use treatment, physical health treatment, income, and dental (as applicable) are necessary for clients continued recovery.
Method: Case management assistance to act as the glue for plugging the client into various community resources.
Frequency: As indicated per treatment/case plan.
Adaptation: As indicated by clients' needs.

Goal 3: Enhance the education, life management, vocational, and parenting skills of up to 135 participants in the therapeutic community (with an anticipated length of stay of 120 days) in order to improve their future functioning as productive and responsible citizens, employees, parents, and family members.
Objective 1: Increase the level of the offender's stake in societal norms.
Source: Treatment plan, community partner resources.
Application: Fostering and developing client strengths, skills and coping measures will help reintegrate participants back into society.
Method: Engagement with groups while incarcerated, engagement with case manager in aftercare.
Frequency: As indicated per treatment/case plan
Adaptation: As indicated by clients' needs.

Goal 4: Increase stakeholder awareness and involvement.
Objective 1: Provide ongoing consultation to jail administrators, representatives in the legal community (Judges, public defenders, state attorneys) and other jail staff about substance abuse issues, and work to establish a continuum of services in the jail and community for people with substance abuse problems.
Source: Program outcome measures, participant testimony, expertise from program leaders, open houses, graduations.
Application: Relationships, education and advocacy.
Method: Relationship building and maintaining by key staff to ensure program utilization and success.

Frequency: As indicated per treatment/case plan
Adaptation: In accordance with up-to-date evidence-based practices.

Objective 2: Within 3 months, shared policy and procedures will be written and MOUs with partner agencies will be updated.
Source: MOUS, policy and procedure documents.
Application: Formal agreements as clear policies and procedures are fundamental in clarifying roles/expectations as well as obtaining buy in from current staff, current and partners and potential future partners.
Method: a subcommittee will be formed to develop policies, procedures and the MOUs.
Frequency: Annually review of policies and procedures as well as MOUs.
Adaptation: Potential new MOUs from future stakeholders, policy/procedure revisions as needed.

Objective 3: Regularly solicit feedback from clients and other key stakeholders. 75% of participants will rate overall satisfaction with the program as 85% or higher.
Source: Satisfaction surveys will be obtained by program staff and collated into common themes/trends quarterly. ORAS and treatment plans to be done collaboratively with clients.
Application: Client and other stakeholder input is key to our program.
Method: Satisfaction surveys will be obtained by program staff and collated into common themes/trend.
Frequency: Quarterly
Adaptation: Feedback obtained on these surveys is vital to how we implement and adjust the program.

Goal 5: Develop and employ evidence-based practices that will bolster participant success.
Objective 1: Within 6 months, staff will be hired and trained, with a specific focus on trauma informed care.
Source: SAMHSA GAINS Center.
Application: A well-trained staff is essential to be able to provide quality care.
Method: SAMHSA GAINS Center trauma training program (How Being Trauma Informed Improves Criminal Justice Responses).
Frequency: Annually.
Adaptation: Client and stakeholder input into procedures

Objective 2: Conduct periodic quarterly quality assessment reviews to ensure care is beneficial and tailored to the clients' needs, reported through the Quality Management Committee.
Source: Client and other stakeholder input in standardized program assessment tools.
Application: Client and other stakeholder input is key to our program and identified trends will inform improvements.
Method: Standardized program assessment tools will be obtained by program staff and collated into common themes/trend.
Frequency: Quarterly.
Adaptation: Feedback obtained on these surveys is vital to how we implement and adjust the program.

Description of Implementation (20 points)

First two weeks: The day of award notification, should it be to Sulzbacher, the President, Dr. Colleen Bell, will reach out by phone and email to current leadership of the Matrix program to warmly engage with them and welcome them to be a key stakeholder and partner in the transition process. Within 3 days of award, a meeting will be had with current program staff, the consultant, and Dr. Bell to meet, discuss how the program is currently doing, and ask where Sulzbacher can be of help in the short term. Within 1 week, Dr. Bell, the consultant and current program Leadership will meet to discuss the current group and activity offerings, clients for the incarceration and aftercare phases, and current program policies and procedures. The Matrix House has been in operation since 1991 and already very successful, Sulzbacher does not aim to fundamentally change something so positive and valued.

Current program staff who select to stay will be onboarded by Sulzbacher's Human Resources (HR) department by the start of the contract. The pre-employment process provides verification of a job candidate's background. This includes background screenings (Level I and Level II), pre-employment drug testing, motor vehicle report (if applicable), applicant evaluations, and reference checks. All staff to be hired will be issued an offer letter from HR. All newly hired staff will be given an orientation to Sulzbacher, the Team Member Handbook, a tour of Sulzbacher's campus downtown, an ID badge, a computer and a phone app to make work-related calls. Each employee will receive a copy of, read and remain familiar with the Rules of Florida Model Jail Standards and compliance is required. Employees will also comply with

JSO's Order 506 (Dress and Personal Appearance). Employees will sign an acknowledgment that they have read and are familiar with the contents of these materials.

Within 2 weeks of award, program staff will be trained on the Ohio Risk Assessment System (ORAS) and Brief Addiction Monitor (BAM), as well as the APIC (Assess, Plan, Identify and Coordinate) Model. Within 2 weeks, Sulzbacher finance staff will meet with current program leadership to review their current policies and procedures as it relates to purchasing and invoicing. Any current contracts in place will be reviewed to verify compliance with the Fiscal Policy. Sulzbacher's Fiscal Policies provide guiding principles that govern the organization's financial stewardship for the expressed purpose of supporting the organization's mission. All record keeping will be done within Sulzbacher's accounting system. The goal will be to make the transition process as seamless as possible, to ensure current groups and activities already put by current Matrix staff continue.

Sulzbacher will comply with all city requirements regarding reimbursement requests. "Payment requests shall be made by Recipient on or before the 15th of each month, except for the final payment request, and shall provide accounting backup (invoices and/or receipts, along with copies of promotional materials as appropriate) and other documentation satisfactory to the City. Recipient shall sign a statement certifying that the request for payment or reimbursement and narrative progress reports and financial reports do not include any information that would constitute a false official statement as defined in Section 837.06, Florida Statutes."

Within 1 month of award: Sulzbacher leadership, the consultant and current program leadership will meet to craft and update Sulzbacher policies and procedures to include the Matrix program. After this collaborative effort, these policies will be presented to the Sulzbacher board of directors for approval at the next Sulzbacher board meeting.

Within 1 month of award Sulzbacher will plan an open house with key Matrix/Sulzbacher leadership with key stakeholders (Judges, public defenders, state attorneys, community partners, JSO etc.) to learn about what the program offers and to ensure they have updated information and telephone numbers/email addresses. Flyers will be developed with key information and distributed. This information will also be sent out electronically to stakeholders.

Staff will establish/review criteria for selection of participants in the therapeutic community and establish/review major program rules, such as no drug or alcohol use, no sexual activity amongst participants, no violence or threats of violence. Evaluate therapeutic

community to ascertain that it incorporates essential concepts such as use of membership as role models, use of shared norms and values, community activities, peers and staff as community members, continuance of recovery. Ensure enough staffing at the 135-bed therapeutic community to provide treatment, education groups and other activities for at least 8 hours a day for participants, Monday through Friday. Ensure family staffing for a family group session 1 night per week. Ensure staffing for substance use education and prevention classes to inmates at large at least 5 days a week. Coordinate with court administration and other agencies for systemic referral of inmates to the therapeutic community and other relevant programs.

Develop and main individual client records as required by state standards as set forth by Chapter 65-D30, Florida Administrative Code for those in the therapeutic community and aftercare services. Ascertain that staff are keeping robust client records, to include assessment instruments, assessment/screening/admission documents, comprehensive and individualized treatment plan, release of information, acknowledgement of program rules and completed orientation, progress notes, urinalysis results, re-arrest reports, and other correspondence related to the client.

Within 3 months of award: MOUs with key partners (SAO, PD, JSO, NaphCare etc) will be updated and amended if needed, to allow ease of information sharing and collaboration. Sulzbacher already has MOUs in place with both the Jacksonville Sheriff's Office and NaphCare. Sulzbacher has discussed the proposed project both internally and externally with various stakeholders about this proposed project. As this will be a new initiative for Sulzbacher, discussions with staff to seek their input will take place during regularly scheduled program and leadership meetings. The program with be shared agency-wide at quarterly All Staff meetings. Program leads will also put out agency-wide email communication and important updates as well as include updates as applicable in the monthly employee newsletter.

Ensure program and JSO staff are cross trained as much as possible to account for leaves of absences and potential turnover.

Strength current Aftercare relationships with partners such as Operation New Hope and Goodwill, identify other potential partners, create comprehensive community resources list available to case managers and participants. Establish processes and procedures for Aftercare Case managers to expend funds on behalf of their clients, in a fair and equitable way. Confirm

policies and procedures are in place to address participants who may relapse or have another adverse outcome. The goal is to keep participants engaged in treatment.

Within 6 months of award: All staff will receive a trauma informed care training from the SAMSHA GAINS Center. Also, a graduation will be planned for participants to move into the Aftercare phase. Sulzbacher will have a regular Planning Council with Sulzbacher Program Leadership, JSO, NaphCare, a person with personal experience with incarceration, and others as identified. Open positions will be filled upon award notification within the first quarter of operation. Sulzbacher has the flexibility to meet in the interim as needed, to discuss the program, what is working, what needs to be tweaked. The Planning Council will review the project implementation and expansion plan including operations, outcome management and performance improvement. Agenda and meeting minutes will be distributed to all members and stakeholders. Meetings will be held quarterly. Meeting agenda and minutes will be distributed and maintained as necessary. Sulzbacher will review and update as needed its Memoranda of Understanding to ensure timely information sharing regarding the healthcare and psychosocial needs of the participants. Sulzbacher has interviewed current health center clients on what they believe their needs and barriers would have been when exiting a correctional setting and will have a representative of someone with lived substance use and correctional experience in quarterly key stakeholder meetings to provide input and feedback.

Within 1 year of award: All program staff will provide the specified number of hours of annual training and staff development, as required by Chapter 65-D, Florida Administrative Code.

Showcase program at a local, state and/or national level via presentation at a conference.

Recurring meetings: Each month, there will be team meetings for program staff, a review of the financials by program leadership with the Sulzbacher Financial Department.

Every 3 months the Quality Management Team will review aggregated performance measures and look for trends, as well as the Planning Council (with Sulzbacher Program Leadership, JSO, NaphCare, a person with personal experience with incarceration, and others as identified). The Planning Council will review the project implementation and expansion plan including operations, outcome management and performance improvement. Agenda and meeting minutes will be distributed to all members and stakeholders.

Description of Evaluation (5 points)

Stakeholders, such as clients, legal system and jail representatives, are key sources of important feedback and this will be obtained in the form of satisfaction surveys will be regularly solicited and reviewed by the Quality Management Committee quarterly. If negative trends are identified, corrective actions will be developed and implemented to address them. The Quarterly Planning Council with key stakeholders (such as Program Leadership, a person with lived experience with substance use and corrections, and JSO) will also evaluate the trends and offer solutions to address them. Sulzbacher is committed to continuous quality improvement as part of our CARF accreditation, and our accreditation as a patient medical home. Budget will be reviewed monthly by the Vice President and the Sulzbacher Finance Team to ensure spending is on target.

Sulzbacher's clinics use AthenaHealth as its Electronic Health Record (EHR), which includes notes from case managers, peer support, and counselors. AthenaHealth offers a secure digital platform for storing patient records simplifying and updating patient information from any location. It allows providers to schedule appointments, orders, tests and referrals (for those who are in Aftercare and no longer under the care of NaphCare), and communicate with other physicians to enhance clinical efficiency. AthenaHealth, can track patients and referrals, under oversight from the project lead, and close referral loops to ensure the clients actually receive the referred service. The following data will be entered into each client's file: participants screening and assessment instruments, demographic information, criminal arrest histories, and post release monitoring and tracking information. Statistical reports will be jointly developed to meet the needs of Sulzbacher, the City of Jacksonville and JSO. We will obtain patient satisfaction services particularly related to mental health and substance abuse treatment. The Quality Management Committee will review this data in aggregate form quarterly and identify any patterns and develop recommendations to address areas of opportunity.

Current program leadership staff will be interviewed in depth to get their feedback on the program, as well as current evaluation measures. A consultant with historical and current knowledge of the Matrix Program will be hired, to look at existing evaluation procedures in process as well as offer suggestions. The program will use pre and post program effectiveness in the education of clients.