1. **Background**
	1. The County received funding from the U.S. Treasury Department as part of the American Rescue Plan Act of 2021 (ARPA), Public Law No. 117-2, Title IX, Part 8, Subtitle M (March 11, 2021) and codified at 42 USC 802 and 803, known as the Coronavirus State and Local Fiscal Recovery Funds (SLFRF), and implemented by the U.S. Department of Treasury’s 2021 Interim Final Rule, 2022 Final Rule, and 2023 Interim Final Rule at 31 C.F.R Part 35. One of the primary eligible uses of ARPA-SLFRF funds is to address the public health emergency, which includes behavioral health care programs, including mental health, substance use disorders, and other behavioral health services.
	2. The COVID-19 pandemic had many negative effects on public health and social well-being, not least of which is the exacerbation of the existing drug crisis in the U.S. Existing health disparities in underserved communities, social isolation and economic burden, limited access to treatment, and stress from the on-going COVID-19 pandemic, amongst others, have been identified as some of the key factors behind the acute health effects of people with substance use disorder.[[1]](#footnote-1) According to the Centers for Disease Control and Prevention (CDC), 13% of Americans have reported increasing or starting substance use as a way of coping with stress related to the pandemic.[[2]](#footnote-2)
	3. Substance Use Disorder (SUD) treatment and recovery support services includes various evidence-based services and support for individuals, families, and communities. Integral to these efforts is supporting health equity through the provision of SUD prevention, treatment, and recovery support to the community, and in particular, to underserved populations and populations who experience health disparity.[[3]](#footnote-3) These underserved and marginalized populations include, but are not limited to, pregnant women and women with dependent children; persons who inject drugs; persons using opioids and/or stimulant drugs associated with drug overdoses; persons at risk for HIV, TB, and Hepatitis; persons experiencing homelessness; persons involved in the justice system; persons involved in the child welfare system; rural populations; and other underserved groups.
	4. The scope of work represents the minimum standards required. All work performed shall be in strict compliance with the latest codes, standards, and practices and in accordance with Federal, State, and Local laws.
2. **Substance Use Disorder Treatment and Recovery Services**

Funding is available for recovery and treatment support services only; funding will not be awarded for capital improvement projects. Funds may be used to supplement existing activities. Award funds may not be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal award (2 CFR Part 200, Appendix XI).

Program goals and objectives must be provided. Objectives must be specific, measurable, achievable, realistic, and time-bound.

1. **Eligibility & Minimum Provider Requirements**
	1. Providers must be domestic nonprofit organizations which provide substance use disorder treatment and recovery services for individuals with a substance use disorder. All non-profit entities must submit documentation of their non-profit status.
	2. Only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise in providing the services quickly and effectively will be considered.
		1. Providers must demonstrate a minimum of three (3) years of experience of success in the provision of SUD treatment and recovery services.
		2. Providers must identify key personnel and provide a summary of each person’s education, credentials, licensure, experience, and training relevant to the program provided.
		3. Providers must identify any certifications and credentials held by the Provider.
		4. Providers must submit proof of licensure by Florida Department of Children and Family Services as a Licensed Substance Abuse Provider.
	3. Providers must utilize evidence-based practices for the provision of substance use recovery and treatment services to the clients served. Providers must provide information in the program narrative about the practices utilized and documentation demonstrating the practices are evidence based. For additional information, please refer to the resources published by SAMHSA by visiting the [Evidence-Based Practices Resource Center | SAMHSA](https://www.samhsa.gov/resource-search/ebp) <https://www.samhsa.gov/resource-search/ebp> as well as those published by the Office of Disease Prevention and Health Promotion (OASH) at <https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/evidence-based-resources>.
	4. In addition to the foregoing, Providers must include the following information in their program narrative (narratives should not exceed 10 pages):
		1. Program description, including historical success rates, and number of clients served,
		2. Identify how the award would supplement the current program resources and expand services,
		3. Identify approach to promoting health equity and serving underserved populations,
		4. Methodology and approach to provision of services,
		5. Description of how success is measured and program evaluation metrics, and
		6. If recovery housing services are part Provider’s program services, provide information on the facilities and the best practices adopted to promote recovery. (See, for example, [SAMHSA Best Practices for Recovery Housing](https://www.samhsa.gov/resource/ebp/best-practices-recovery-housing)).
	5. Providers may not discriminate against persons utilizing or seeking to utilize medication assisted treatment for a substance use disorder.
	6. Providers must describe in their proposals how compliance with client confidentiality requirements is monitored and specific provider strategies for obtaining consent for services.
	7. Providers must demonstrate compliance with background check requirements for all staff and volunteers that have direct and regular interaction with residents/clients.
2. **Budget and Justification**

Providers must submit a detailed budget justification and narrative that explains the proposed grant (federal) expenditures and non-federal expenditures (funds from other sources) for the proposed program. Budget line items should reflect specific expenses only.

1. **Compliance with Federal, State, and Local Law**

Providers awarded funding must comply with all applicable Federal, State, and Local laws, regardless of whether such laws are expressly cited within this solicitation or any contract resulting from such award.

* 1. **American Rescue Plan Act Funding**

If awarded, Provider must comply with the requirements of ARPA-SLFRF and all regulations and guidelines adopted by US Treasury Department, including, but not limited to: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 C.F.R. Part 200; and Subpart F – Audit Requirements of the Uniform Guidance, implementing the Single Audit Act. Additional federal funding requirements are attached to this solicitation and will be incorporated into any agreement for funding.

* 1. **SAMHSA; HHS**

Programs must comply with federal laws and regulations pertaining to substance use and mental health services. Providers should refer to relevant Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines, standards, and regulations ([Laws and Regulations | SAMHSA](https://www.samhsa.gov/about-us/who-we-are/laws-regulations)) and the Department of Health and Human Services (HHS) ([HIPAA for Professionals | HHS.gov](https://www.hhs.gov/hipaa/for-professionals/index.html)) websites for additional information on laws and regulations that may apply to this solicitation.

* 1. **Privacy and Confidentiality.**

Providers must adhere to all federal, state and local client confidentiality requirements. Providers must have policies, practices, and workforce training in place that are consistent with and in full compliance with confidentiality requirements. This includes, but is not limited to, compliance with 42 CFR, Part 2, *Confidentiality of Substance Use Disorder Patient Records*.[[4]](#footnote-4)

* 1. **Equal Opportunity for Participation by Religiously Affiliated Providers.**

Religiously affiliated providers of substance use treatment and recovery services are encouraged to apply for funding. Funding will be awarded based solely on merit, without regard to an organization's religious affiliation or lack thereof, and free from political interference, or the appearance of such interference. Section 2(g) of Executive Order 13279, as amended by Executive Order 13559, prohibits the use of direct Federal financial assistance to support or engage in "explicitly religious activities," which includes "activities that involve overt religious content such as worship, religious instruction, or proselytization."[[5]](#footnote-5) Religiously affiliated providers receiving federal assistance are prohibited from discriminating against beneficiaries in providing services or carrying out activities with such assistance based on religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice. Any program that involves explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) must be separate and distinct from the program that receives direct federal financial assistance, and that the distinction must be completely clear to the beneficiary or prospective beneficiary.[[6]](#footnote-6)

[*The remainder of this page intentionally left blank except references*]

1. Chacon NC, Walia N, Allen A, Sciancalepore A, Tiong J, Quick R, Mada S, Diaz MA, Rodriguez I. Substance use during COVID-19 pandemic: impact on the underserved communities. Discoveries (Craiova). 2021 Dec 31;9(4):e141. doi: 10.15190/d.2021.20. PMID: 35261922; PMCID: PMC8896880. [↑](#footnote-ref-1)
2. Substance use during the pandemic 2021. Abramson Ashley. <https://www.apa.org/monitor/2021/03/substance-use-pandemic> *American Psychological Association.*2021;52(2). [↑](#footnote-ref-2)
3. Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; disability; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” (<https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>) [↑](#footnote-ref-3)
4. [HIPAA and Part 2 | HHS.gov](https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-part-2/index.html) [↑](#footnote-ref-4)
5. Other examples of explicitly religious activities and materials include devotional exercises, production or dissemination of devotional guides or other religious materials, or counseling in which counselors introduce religious content: More specifically, in the context of social services, a devotional booklet for a substance abuse program or prisoner re-entry program, or the provision of a 12-step Alcoholics Anonymous program are examples of social service activities that are explicitly religious. While it is not feasible to develop a comprehensive list of all "explicitly religious activities," each of these is an example of an activity that is not religiously neutral because it promotes or endorses religion to beneficiaries. [↑](#footnote-ref-5)
6. Faith-based organizations may use space in their facilities to provide services supported with Federal funding, without removing religious art, icons, scriptures, or other symbols. [↑](#footnote-ref-6)