

**Request for Applications (RFAs)  
to Combat Opioid Use in Hernando County**



**HEALTH & HUMAN SERVICES**

**Request for Application Released: November 7, 2023  
Application Due Date: December 11, 2023, by 5:00 pm**

## **Submission**

Applications must be submitted by email to Veda Ramirez at [vramirez@hernandocounty.us](mailto:vramirez@hernandocounty.us)

**Health and Human Services  
Housing and Supportive Services  
621 West Jefferson Street  
Brooksville, FL 34601**

It is the responsibility of the applicant to ensure application(s) arrive prior to the due date and time. Applications received after 5:00 p.m. on December 11, 2023 will be returned to the applicant and will not be considered.

***This document can be made available in alternative accessible formats upon requests.***

### **Background**

Hernando County received funding from the settlement agreement negotiated through the State of Florida Attorney General's Office from Allergan Pharmaceutical, Teva, Wal-Mart and CVS Health Corporation lawsuits as a result of the opioid epidemic. The opioid epidemic has harmed individuals, families, and communities across Hernando County and in response Hernando County is using this funding to address the negative impacts of the opioid crisis in Hernando County.

Hernando County Board of County Commissioners (BOCC) is requesting agencies with a vested interest in Hernando County residents to submit an application to combat opioid usage and its negative impact in the community.

### **Amount Available for Funding: \$195,000**

The grant amount may be divided among multiple selected applicants or granted to only one applicant.

## **Questions Regarding this RFA**

Questions from providers must be submitted in writing to Veda Ramirez at [vramirez@hernandocounty.us](mailto:vramirez@hernandocounty.us) and be received no later than 5:00 pm, Friday, November 24, 2023. Health and Human Services will compile all questions and answers, and post online no later than 5:00 pm, Tuesday, December 5, 2023.

## **General Information**

Successful applications must meet the guidelines provided in this Request for Applications (RFA). To submit an application for consideration, complete the submission requirements listed.

Grant funding will be used to supplement existing funds or provide new services/programs rather than supplant current funds. Strong consideration will be given to proposals that are supported by evidence-based statistics using local data and that incorporate reporting procedures and performance measures. Written quarterly reports and participation in the Public Safety Coordinating Council are required by successful grantees.

## **Grant Categories and Approved Uses:**

The proposal must qualify under the abatement strategies listed in Schedule A (found in Exhibit A) and/or Schedule B (found in Exhibit B). However, priority will be given to core abatement strategies ("Core Strategies"). Hernando County reserves the right to select one or more core strategies and approved uses listed in Exhibit A (/or Exhibit B. A mix of strategies and approved uses will be considered.

Core Strategies: Please see list identified as "**Exhibit A**"

Approved Uses: Please see list identified as "**Exhibit B**"

## **Applicant/Organization Eligibility**

All private for-profit and non-profit mental health/substance use disorder treatment provider organizations that have:

- At least two years' experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last two years); and
- Complied with all applicable local and state licensing, accreditation, and certification requirements (as of the due date of the application) are eligible to apply.

**Applicant must also meet all the following requirements and submit information with your application:**

- Independent certified audited financial statement of the most recent or immediate prior fiscal year, including the management letter and written response.
- Current CPA's Peer Review letter.
- Most recent Form 990.
- Monthly Financial Statements (within last 90 days).

Any applicant on the excluded parties list ([www.sam.gov/SAM/](http://www.sam.gov/SAM/)) will be considered ineligible for funding.

**SCOPE OF Grant Activities**

**Data Collection, Performance Measurement, and Performance Assessment Costs**

Applicants must provide anticipated outcomes for each of the performance measures. To be able to effectively evaluate the project, it is critical that realistic goals and measurable objectives are developed. Information on acceptable goals and objectives is below.

**GOALS Definition** – a goal is a broad statement about the long-term expectation of what should happen as a result of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence. The characteristics of effective goals include:

Goals address outcomes, not how outcomes will be achieved;

Goals describe the behavior or condition in the community expected to change;

Goals describe who will be affected by the project;

Goals lead clearly to one or more measurable results; and

Goals are concise.

**OBJECTIVES Definition** – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like "understand" or "know" because it may prove difficult to measure them. Instead, use verbs that document

action, such as: "By the end of 2024, 75% of program participants will be placed in permanent housing." In order to be effective, objectives should be clear and leave no room for interpretation. SMART is a helpful acronym for developing objectives that are specific, measurable, achievable, realistic, and time-bound.

### **Cost Reimbursement**

All contracts will be on a cost reimbursement basis. Recipient will be required to submit proper back-up documentation for project eligible expenses as determined by the funding source regulations and requirements.

### **Cost of Submitting Applications**

The cost of preparing and submitting an application is the sole responsibility of the provider and shall not be chargeable in any manner to the grant. Hernando County will not reimburse any applicant for any costs associated with the preparation and submission of an application, including but not limited to, expenses incurred in making an oral presentation, or participating in an interview (if required).

### **Conflict of Interest**

The provider agrees that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required if a contract is awarded. The applicant further agrees that no person having any such interest shall be employed or engaged for said performance. The applicant agrees that no employee, officer, agent of the applicant or its sub-recipients shall participate in the selection, award or administration of a contract or construction bid if a conflict-of-interest, either real or implied, would be involved. The applicant or sub-recipient employees, officers and agents should refrain from accepting gratuities, favors or anything of monetary value from contractors or potential contractors based on the understanding that the receipt of such an item of value would influence any action or judgment of the applicant.

### **Liability insurance is required for all Grants**

All agencies awarded funds will be required to obtain liability and worker's compensation coverage that will be further defined in the funding agreement, if awarded. Hernando County Board of County Commissioners must be named as the Certificate Holder and the additional insured.

### **Handicapped Accessibility**

All projects must be accessible to persons with disabilities. Programs, information, participation, communications and services must be accessible to persons with disabilities.

**Post Award Requirements**

If awarded, a contract will be executed by the Hernando County Board of County Commissioners. The contract will be based upon the information submitted in the application, all accompanying exhibits/attachments and any additional information that is requested/received during the review phase. Contract language is not negotiable. The contract is reimbursement based and the applicant must be able to pay for project costs prior to requesting payment. Modifications and updates to application exhibits may be required prior to contract execution. Applicants should review the contract to ensure their ability to comply with all requirements and expectations, including potential increased insurance coverage and financial audits. Applicants are required to comply with the program rules and regulations if assistance is approved.

**All Sections must be complete for application to be considered for conditional award. This includes information listed under Applicant Information and the certification.**

**Applicant Information**

Organization Name:	Authorized Organization Representative Name/Title:
Address:	Telephone
City, State, ZIP	Organization Website
Contact Person Name and Title	Federal ID Number:
Contact Person Email	DUNS # (Not required)

**3. Certification**

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## **Project Description and Narrative**

The project description and narrative are required. The narrative response must include:

- A. A summary identifying the population(s) of focus and statement of need;
- B. An implementation plan that proposes to begin service delivery within 120 days of any award;
- C. A description of the evidence-based services/practices that will be used;
- D. A description of the relevant staff and organizational
- F. A detailed budget of the expense for the project and budget narrative and justification

The Narrative response must be formatted as follows:

### **SECTION A: Population of Focus and Statement of Need**

1. Identify and describe your population(s) of focus, specifically individuals, including youth, and/or families with opioid use disorders (OUDs), substance use disorders (SUDs) or co-occurring (CODs). Provide a demographic profile of the proposed population of focus in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status. Funded services must be provided in Hernando County.

2. Describe the extent of the problem in the catchment area, including service gaps, disparities, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to A.1 as it relates to the program. Identify the source of any data cited.

### **SECTION B: Proposed Implementation Approach**

1. Describe the goals and measurable objectives of the proposed project and align them with the Statement of Need described in A.2. Provide the Number of Unduplicated Individuals to be Served with Award Funds

2. Describe how the proposed project aligns with Hernando County efforts to combat opioid and substance through education, treatment, prevention and other related programs and services.

3. Describe how you will implement all the Required Activities.

4. If you are proposing to use funds for recovery housing, you must describe the mechanism in your jurisdiction that assures the recovery housing program is guided by

regulation, credentialing, or certification requirements. In addition, you must discuss how the recovery housing program abides by these requirements. If you are not proposing use funds for recovery housing indicate so in your response.

5. Provide a chart or graph depicting a realistic timeline for the project period showing dates, key activities, and responsible staff. Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than 120 days after the award.

6. Describe how the organization will continue to provide services as part of the project if the funding is reduced or lost.

### **SECTION C: Evidence-Based Service/Practice**

1. Identify the Evidence-Based Practice(s) (EBPs), evidence-informed, and/or culturally promising practices that will be used. Discuss how each intervention chosen is appropriate for your population(s) of focus and the outcomes you want to achieve. Describe any modifications (e.g., cultural) that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.

2. Describe your organization's experience in implementing the practices described.

3. Describe how the project will facilitate connections to health insurance, SSI, SSDI, Medicaid, and other mainstream resources.

4. Describe how you will monitor and ensure fidelity of the EBPs, evidence-informed and/or promising practices that will be implemented.

### **SECTION D: Staff and Organizational Experience and Expertise**

1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this RFA. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. If applicable, Letters of Commitment from each partner must be included with your application. If you are not partnering with any other organization(s), indicate so in your response.

2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other significant personnel. For each staff member describe their: a. Role, b. Level of Effort, and c. Qualifications, to include

their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).

3. Describe whether any listed staff members have lived expertise in recovery from OUDs, SUDs, CODs, and/or homelessness, and to what extent the inclusion of such persons will be a factor in any hiring processes related to this grant funding

### **SECTION E: Data Collection and Performance Measurement**

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor, evaluate, and enhance the program. Describe your quality improvement efforts and explain how you will use the data to address your identified behavioral health disparity(ies).

2. Recipients are required to report on their progress addressing the goals and objectives identified in your Project Narrative. Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their project. The project performance assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project.

3. In describing your plan for data collection, consider addressing the following points:

- a. Frequency of data collection
- b. Organizational processes that will be implemented to ensure the accurate and timely collection and input of data.
- c. Staff that will be responsible for collecting and recording the data.
- d. Data source and data collection instruments that will be used to collect the data.
- e. How well the data collection methods will take into consideration the language, norms, and values of the population(s) of focus.
- f. Explain how consent from youth, elderly, people with limited reading skills, and people whose first language is not English will be obtained.
- g. Processes and policies to keep data secure.
- h. If applicable, the data collection procedures to ensure that confidentiality is protected, and that informed consent is obtained.
- i. If applicable, data collection procedures from partners and/or sub-recipients.

It is not necessary to provide information related to data collection and performance measurement in a table, but the following samples may give you some ideas about how to display the information.

## **Section F: Detailed Budget, Budget Narrative and Justification**

1. Please include all materials, services, hours, equipment, etc., associated with the project that will be expensed by the grant in your detailed budget. If more than one funding source will be used to pay for any part of the project, please provide the name of the funding source, amount, and the percentage of each funding source to be used on the proposed project to include any in kind match.
2. The Budget Narrative and justification must be consistent with and support the Project Narrative.
3. The Budget Narrative and justification must be concrete and specific. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. Examples to consider when justifying the basis of your estimates can be ongoing activities, market rates, quotations received from vendors, or historical records. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.