



REQUEST FOR PROPOSAL

Planning for Program Evaluations at the Intersection of ACES, Substance Use, and Overdose

Date of release: November 15, 2023

Applications are due by 11:59 pm E.T. on December 15th, 2023

Summary Information

Project Title: Planning for Program Evaluations at the Intersection of ACEs, Substance Use, and Overdose

Application Due Date and Time: December 15th, 2023, by 11:59pm ET

Selection Announcement Date: On or around December 22nd, 2023

Source of Funding: CDC cooperative agreement, Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health.

NOA Award No.: 6 NU38OT000306-05-05

Estimated Period of Performance: Upon execution of the contract – July 2024

Point of Contact for Questions Regarding this Application: Amie Myrick; amyrick@naccho.org

Special Condition of this Award: see Appendix A

Overview

The National Association of County and City Health Officials (NACCHO) is seeking a consultant(s) to conduct activities that will assist in better understanding the current landscape, including barriers and facilitators, of evaluation for programming that simultaneously and intentionally prevents adverse childhood experiences (ACEs), substance use, and overdose. This work will culminate in guidance for the future development of program evaluations at this intersection. For this project, the consultant(s) will:

- Facilitate focus groups and/or key informant interviews with programs who are currently working at the intersection of ACEs, substance use, and overdose to better understand their challenges and facilitators related to evaluating current programs that are addressing the intersection;
- Conduct a review of existing evaluation data for programs addressing the intersection; and
- Develop a report that summarizes the key findings and recommendations that will inform next steps for the evaluation of programs that intentionally and simultaneously address ACEs, substance use, and overdose prevention.

Background

NACCHO is a membership association representing the nearly 3,000 LHDs across the United States. NACCHO's vision is health, equity, and security for all people in their communities through public health policies and services. NACCHO's mission is to improve the health of communities by strengthening and advocating for LHDs. Since its inception, NACCHO has sought to improve the public's health while adhering to a set of core values: equity, excellence, participation, respect, integrity, leadership, science & innovation. For more information on NACCHO, please visit www.naccho.org

Overdose and substance use are linked in a cycle that affects individuals, families, and communities across generations.¹⁻² The number of people dying from an overdose exceeded 110,000 between April 2022 and May 2023, with thousands more surviving an overdose, living with a substance use disorder, or experiencing drug-related injury or harm.¹ Substance use in the home can lead to parental incarceration, neglect, violence and other potentially traumatic experiences. In 2020, drug overdose led to 92,183 deaths, and the impact of those deaths as well as non-fatal substance use is pervasive.³ Substance use in the home can lead to parental incarceration, neglect, violence, and other potentially traumatic experiences. Adverse childhood experiences, often referred to as ACEs, are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect,

experiencing or witnessing violence, and having a family member attempt or die by suicide. ACEs also include aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use, mental health conditions or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.^{4,5} These examples do not comprise an exhaustive list of childhood adversity, as there are other traumatic experiences that could impact health and wellbeing. Research has also found similar relationships between adverse outcomes and other forms of childhood trauma or adversity, such as racial discrimination, community violence, foster care placement, and bullying. These types of events may create toxic stress that can impact healthy brain development and increase risk for smoking, alcohol misuse and other substance use disorders (SUDs), depression, heart disease, and myriad other health outcomes including other chronic diseases, lower education and earnings potential, premature death and other high-risk behaviors.⁶ The implementation of evidence-based individual, community, and societal approaches to prevent or mitigate ACEs can build resilience, increase the presence of positive childhood experiences (PCEs), prevent future ACEs, and mitigate harm in individuals who have already experienced ACEs or other potentially traumatizing events.

ACEs are associated with a predisposition to substance use during adolescence and adulthood, including prescription opioid misuse,^{7,8} marijuana and cocaine use,⁹ and substance use disorder (SUD).^{10,11} ACEs are also associated with overdose among adults with opioid use disorder (OUD).¹² Research has also shown that substance among parents or caregivers is a significant predictor of SUD among children and adolescents, highlighting the need for interventions that target both parents and children.¹³ Prevention of ACEs through SUD and overdose prevention, treatment and response is essential to breaking the intergenerational cycles and provides an opportunity to concurrently support people who use drugs and their families.

Recognition of the link between ACE-related trauma and substance use has led to the development and implementation of programs across multiple sectors. These programs simultaneously aim to reduce risk factors for both substance use, overdose, ACEs, and related harms across the social ecology. One upstream approach to substance use and overdose prevention is the implementation of ACEs mitigation programs that both moderate, mitigate the impact of, and prevent ACEs through multi-generation approaches.

Over the past few years, NACCHO and CDC have worked to support and better understand the work being done at this intersection:

- NACCHO's *Comprehensive Community Approaches to Substance Use (CCAPS)* program provided funding and technical assistance to support the implementation or expansion of programs that prevented SUD or overdose that also had the potential to simultaneously prevent ACEs within the selected communities and populations of focus. Fifteen (15) sites were awarded over two cohorts of the project, which was completed in July 2023. These sites used a multi-generational approach to address these issues with a focus on groups that have been marginalized or disproportionately affected populations. They worked with an evaluation consultant to create a logic model and evaluation roadmap for their funded work, which occurred over 18 months. At the conclusion of the project period, each site submitted a final evaluation report.
- Over the past year, NACCHO has worked with a consultant to conduct an *environmental scan and gap analysis* (i.e., hereafter referred to as 2023 ES/GA) to better understand what other programming and resources currently exist to address this intersection and to highlight challenges and needs that prevent more communities from addressing the intersection in their work. Programs that were working at the intersection were identified across the United States, and several key themes were identified. Yet, there was almost no

evaluation data available to demonstrate the efficacy of the program in terms of impact on all three areas ACEs, substance use and overdose prevention outcomes.

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity to continue expanding upon the work of the CCAPS and 2023 ES/GA projects by compiling information that will assist NACCHO and CDC in better understanding the current barriers and facilitators to program evaluation at the intersection of ACEs, substance use, and overdose.

Eligibility and Contract Terms

The project period shall begin upon both parties' full execution of the contract and will end July 31, 2024.

NACCHO will select and fund one (1) award through this Request for Proposals (RFP). This will be a fixed-price, deliverables-based consultant contract. The consultant(s) may work with other consultants or firms to complete the work. However, NACCHO will only contract with and provide funds to the primary contracted consultant.

Please note that submission of a proposal is a statement of acceptance of NACCHO's [standard form contract](#). Should your organization need to propose any changes to the terms and conditions, please inform us immediately; however, NACCHO reserves the right to accept or decline such changes. Significant changes, which could affect the agreement's timely execution, may impact your selection as a successful applicant. Agreeing to NACCHO's Resolution of Disputes and Governing Law is expected and aside of those two clauses, limited **modifications to the terms or contract language can be accommodated. Contractors that cannot agree to majority of NACCHO's contract language should not apply for this initiative.** If you are an applicant from Florida, please contact NACCHO immediately for a copy of the Florida standard contract.

Scope of Work

While applicants should propose their own approach to the project activities, at a minimum, the consultant(s) will:

- Participate in a kick-off call with NACCHO within 15 days of acceptance of the notice of award
- Conduct a review of existing evaluations for programs addressing the intersection:
 - Developing new and/or refining existing tools and/or questions to guide review
 - Review existing publications, reviews, grey materials related to programs identified in 2023 ES/GA
 - Review the CCAPS evaluation roadmaps and final reports to identify relevant themes and challenges
- Facilitate focus groups and/or key informant interviews inclusive of at least 30 separate programs to:
 - Recognize trends in evaluation approaches among programs identified in the 2023 ES/GA;
 - Understand programmatic challenges and facilitators related to evaluating this programming; and
 - Identify the needs of programs interested in evaluating outcomes relevant to ACEs, SUD, and overdose.

- Develop a report that includes
 - Summary of key themes and findings of the review and focus groups and/or key informant interviews and
 - Recommendations for the development and implementation of program evaluations at the intersection and key considerations for evaluation approaches that might best meet the needs of programs engaging in intersectional work.

Deliverables

Selected consultant(s) will enter into a contractual agreement with NACCHO to complete the deliverables specified below. NACCHO will disburse funds according to completion of the assigned deliverables. NACCHO will provide a payment schedule in accordance with the assigned completion percentage. Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

The following outlines the deliverables to be produced by the consultant, however, a finalized scope of work will be agreed upon post consultant selection.

Primary Task/Deliverable	Documentation	Estimated Timeline	Payment Schedule		
1a. Kick-off Call	Attendance at initial consultation call	January - February 2024	5% of funding	20% of funding	Invoice #1 due by or before March 30, 2024
1b. Project plan	Finalized plan for review and focus groups/interviews		15% of funding		
2a. Focus Groups/ Key Informant Interviews	- Focus Group facilitator guide - Key Informant interview guide - Outreach materials - Data collected during focus groups	February – June 2024	20% of funding	50% of funding	Invoice #2 due by or before June 30, 2024
2b. Review of existing materials and CCAPS roadmaps	Data collected during review		10% of funding		
2c. Draft Report	Draft Report that incorporates data from review, focus groups and/or key informant interviews with recommendations		20% of funding		
3. Final Report with Recommendations	Final report	July 2024	30% of funding		Invoice #3 Due by or before July 31, 2024

Content Area Expertise

Through this RFP, NACCHO is seeking consultants with a deep understanding of principles of program evaluation and proven experience in conducting literature reviews, focus groups, and key informant interviews. Topical knowledge in relevant outcome metrics and evidence-based strategies to prevent ACEs, substance use, and overdose is preferred. While NACCHO will contract directly with one consultant, the consultant may work with other consultants or firms with additional expertise needed to complete the work.

Proposal Response Format

To be considered for this project, proposals must be in PDF format, including the following:

- A. Project Narrative – not to exceed five (5) pages – that includes:
 - a. A description of the methodology proposed to meet each of the deliverables listed above.
 - b. A capability statement that demonstrates the consultant/organization’s experience and ability to complete the activities described.
 - c. A staffing plan with a description of any other consultants/firms that will be engaged on this project and their relevant expertise.
- B. Line-item budget and narrative:
 - a. Applicants should propose a reasonable budget for this work, based on the level of effort and expenses estimated to fulfill the deliverables.
 - b. Budget proposal and accompanying budget narrative that explains each line-item, including the cost breakdown and justification as to how it will support project goals and objectives. A budget and narrative template can be found in Section E Attachments.
 - c. Funding restrictions specified in the NOA are attached below as Appendix B. In addition, telecommunication expenses, food and beverages, and incentives require prior approval and may not be allowed.
- C. Project Deliverables and Timeline: A realistic work plan and timeline that includes expected deliverables to be completed over a seven-month project period (approximately January 2023-July 2024).
- D. References and/or links to examples of work
- E. Attachments (not included in page count)
 - a. Required: Complete and submit the [Budget](#) and [Budget Narrative](#) templates
 - b. Required: Complete and submit the [Vendor Information Form](#)
 - c. Required: Complete and submit the [Certification of Non-Debarment](#)
 - d. Required: Submit a [W-9](#)
 - e. Required: Proof of active registration with SAM.gov in accordance with active DUNS number
 - f. Required: Complete and submit the Federal Funding Accountability and Transparency Act (FFATA) [form](#).
 - g. Required: Resume(s) of staff involved in project

NACCHO Contract and Responsibilities

NACCHO staff will oversee the contract and serve as the contact for the consultant. Other responsibilities include:

- Providing background information, as appropriate.
- Providing materials from previous work, including CCAPS logic models and final reports and 2023 ES/GA data.
- Reviewing all materials in draft form and recommending revisions.

Selection Process

Each proposal will be reviewed and rated on the following elements:

- **Understanding of Project Purpose and Goals (20%):** Applicant has a clear understanding of the project goals and deliverables.
- **Relevant Personnel Experience (35%):** Applicant has clearly documented evidence of his/her (and that of the proposed project staff) subject matter expertise and experience in the proposed content areas.
- **Proposed Approach (35%):** The proposal includes a clear, feasible, and appropriate plan to effectively meet the goals and deliverables of the project. The proposal includes a reasonable timeline with all deliverables completed within the project period.
- **Budget (10%):** The proposal includes a detailed, line-item budget justifying the proposed expenses, and the expenses are appropriate for the purposes of the deliverables. **Any work products created by this contract will be co-owned by NACCHO and Consultant.**

Deadline and Staff Contact

The deadline for submission is Friday December 15th, 2023, at 11:59 PM Eastern Standard Time.

Proposals should be submitted electronically, in PDF format, via e-mail to:

Amie Myrick
Lead Analyst, Injury & Violence Prevention
amyrick@naccho.org

Appendix A – List of Unallowable Costs

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services. NACCHO reserves the right to request a revised cost proposal, should NACCHO and CDC determine applicant's proposed cost as unallowable. Restrictions that must be considered while planning the programs and writing the budget include:

- Alcoholic Beverages; 2 CFR 200.423; Costs of alcoholic beverages are unallowable.
- Bad Debts; 2 CFR 200.426; Bad debts (debts which have been determined to be uncollectable), including losses (whether actual or estimated) arising from uncollectable accounts and other claims, are unallowable. Related collection costs, and related legal costs, arising from such debts after they have been determined to be uncollectable are also unallowable. See also § 200.428.
- Contributions and donations; 2 CFR 200.434; Costs of contributions and donations, including cash, property, and services, from the non-Federal entity to other entities, are unallowable.
- Entertainment Costs; 2 CFR 200.438; Costs of entertainment, including amusement, diversion, and social activities and any associated costs are unallowable, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized either in the approved budget for the Federal award or with prior written approval of the Federal awarding agency.
- Equipment and other capital expenditures; 2 CFR 200.439
- Fines and Penalties; 2 CFR 200.441; Costs resulting from non-Federal entity violations of, alleged violations of, or failure to comply with, Federal, state, tribal, local or foreign laws and regulations are unallowable, except when incurred as a result of compliance with specific provisions of the Federal award, or with prior written approval of the Federal awarding agency. See also § 200.435.
- Fund raising and investment management costs; 2 CFR 200.442
- Goods or services for personal use; 2 CFR 200.445; Costs of goods or services for personal use of the non-Federal entity's employees are unallowable regardless of whether the cost is reported as taxable income to the employees.
- Independent Research & Development, 45 CFR 75.476
- Interest; 2 CFR 200.449; Costs incurred for interest on borrowed capital, temporary use of endowment funds, or the use of the non-Federal entity's own funds, however represented, are unallowable. Financing costs (including interest) to acquire, construct, or replace capital assets are allowable, subject to the conditions in this section.
- Lobbying; 2 CFR 200.450; The cost of certain influencing activities associated with obtaining grants, contracts, or cooperative agreements, or loans is an unallowable cost.
- Prohibition on certain telecommunications and video surveillance services or equipment (Pub. L. 115-232, section 889): Recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:
 - Procure or obtain, Extend or renew a contract to procure or obtain; or
 - Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part

of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

- For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
- Telecommunications or video surveillance services provided by such entities or using such equipment. iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements

Not listed in the CFR, but unallowable under this funding award:

- Naloxone
- Syringes and pipes
- Clinical services
- Please note this is not an exhaustive list, please see Standard unallowable costs are identified in 2 CFR 200, Subpart E—Cost Principles.

-
- ¹ Chung, E. K., Nurmohamed, L., Mathew, L., Elo, I. T., Coyne, J. C., & Culhane, J. F. (2010). Risky health behaviors among mothers-to-be: The impact of adverse childhood experiences. *Academic pediatrics, 10*(4), 245-251. <https://doi.org/10.1016/j.acap.2010.04.003>
- ² Moss, H., Ge, S., Trager, E., & al., e. (2020). Risk for substance use disorders in young adulthood: Associations with developmental experiences of homelessness, foster care, and adverse childhood experiences. *Comprehensive Psychiatry, 100*, 152-175. <https://doi.org/doi:https://doi.org/10.1016/j.comppsy.2020.152175>
- ³ NCHS, National Vital Statistics System. Provisional Drug Overdose Death Counts (available from: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>). Accessed 11/6/2023.
- ⁴ Centers for Disease Control and Prevention. (2019). *Adverse Childhood Experiences (ACEs) prevention resource for action: A compilation of the best available evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- ⁵ Felitti, V., Anda, R., Nordenberg, D., & al., e. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine, 14*, 245-258.
- ⁶ Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., et al. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention- 25 states, 2015-2017. *Morbidity & Mortality Weekly Report, 68*(44), 999. <https://doi.org/10.15585/mmwr.mm6844e1>
- ⁷ Swedo, E. A., Sumner, S. A., de Fijter, S., Werhan, L., Norris, K., Beauregard, J. L., & al., e. (2020). Adolescent opioid misuse attributable to adverse childhood experiences. *The Journal of Pediatrics, 224*, 102-109. <https://doi.org/10.1016/j.jpeds.2020.05.001>
- ⁸ Moss, H., Ge, S., Trager, E., & al., e. (2020). Risk for substance use disorders in young adulthood: Associations with developmental experiences of homelessness, foster care, and adverse childhood experiences. *Comprehensive Psychiatry, 100*, 152-175. <https://doi.org/doi:https://doi.org/10.1016/j.comppsy.2020.152175>
- ⁹ Scheidell, J., Quinn, K., McGorray, S., Frueh, B., Beharie, N., Cottler, L., & Khan, M. (2018). Childhood traumatic experiences and the association with marijuana and cocaine use in adolescence through adulthood. *Addiction, 113*(1), 44-56.
- ¹⁰ LeTendre, M., & Reed, M. (2017). The effect of adverse childhood experience on clinical diagnosis of a substance use disorder: Results of a nationally representative study. *Substance Use & Misuse, 52*(6), 689-697. <https://doi.org/10.1080/10826084.2016.1253746>
- ¹¹ Moss, H., Ge, S., Trager, E., Saavedra, M., Yau, M., Ijeaku, I., & Deas, D. (2020). Risk for substance use disorders in young adulthood: Associations with developmental experiences of homelessness, foster care, and adverse childhood experiences. *Comprehensive Psychiatry, 100*, 152-175. <https://doi.org/10.1016/j.comppsy.2020.152175>
- ¹² Stein, M., Conti, M., Kenney, S., Anderson, B., Flori, J., Risi, M., & Bailey, G. (2017). Adverse childhood experience effects on opioid use initiation, injection drug use, and overdose among persons with opioid use disorder. *Drug and Alcohol Dependence, 179*, 325-329. <https://doi.org/10.1016/j.drugalcdep.2017.07.007>
- ¹³ Jaaskelainen, M., Holmila, M., Notkola, I., & Raitasalo, K. (2016). Mental disorders and harmful substance use in children of substance abusing parents: A longitudinal register-based study on a complete birth cohort born in 1991. *Drug and Alcohol Review, 35*(6), 728-740. <https://doi.org/10.1111/dar.12417>