

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Request for Proposals: Embedding Peers in Emergency Departments (EPED)

Date of release: October 11, 2022

Applications are due by 11:59 PM E.T. on November 18, 2022



NACCHO

NACCHO is the voice of the approximately 2,800 local health departments (LHDs) across the country. These city, county, metropolitan, district, and Tribal departments work to protect and improve the health of all people and all communities. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities

Summary Information

Project Title: Embedding Peers in Emergency Departments (EPED)

Proposal Due Date and Time: 11/18/22

Selection Announcement Date: On or around 12/1/22

Source of Funding: Centers for Disease Control and Prevention

NOA Award No.: 5 NU38OT000306-03-00

Maximum Funding Amount: Up to \$300,000

Estimated Period of Performance: February 1, 2023 – January 31, 2024

Point of Contact for Questions: Overdose, Injury, and Violence Prevention Team (IVP@naccho.org)

Link to Application Portal: [LINK](#)

Please note that to gain access to the submission portal, applicants will need to create a NACCHO.org account if they do not already have one.

I: Background

Drug overdose deaths continue to increase in the United States, rising to a record high of 92,183 in 2020ⁱ, in large part fueled by rapid increases in fentanyl-related fatalities. Unfortunately, in 2018, the CDC estimated that fewer than 20% of individuals needing care for substance use disorder received any treatment at all.ⁱⁱ Medication for opioid use disorder (MOUD) treatment and community recovery and/or harm reduction services are critical components of a comprehensive response to the overdose crisis.

One major barrier to the uptake of these services is limited success in fully leveraging emergency departments (EDs) as a mechanism for increasing access to MOUD and ongoing care for people who use drugs. The National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC), is accepting applications for the Embedding Peers in Emergency Departments (EPED) program to bridge this gap by utilizing peer recovery specialists (PRS) to improve linkages to, and retention in, MOUD, harm reduction, and other ongoing care for people who use drugs (PWUD) after discharge from the ED.

II: Funding Opportunity Overview

NACCHO will provide \$300,000 in funding to up to five (5) LHDs to design, implement, maintain, and evaluate a set of protocols to screen patients presenting in the ED for substance use and offer eligible patients initial MOUD induction and links to ongoing community based MOUD, treatment, and harm reduction services.



Specific activities may include:

1. Formalize a partnership with one or more local emergency departments to implement new protocols.
2. Develop new ED protocols along with necessary trainings to hospital staff (clinical and administrative) and updates to the Electronic Medical Record (EMR) system.
3. Hire and train PRS staff prior to implementation of protocols. PRS staffing should be allocated based on volume of ED encounters, projected number of eligible patients, and non-fatal overdose patients requiring peer support.
4. Implement Screening, Brief Intervention, Referral to Treatment (SBIRT) protocols to formalize the screening of all ED patients for substance use to identify their needs and appropriate level of care. Those identified would be paired with a peer to assess their interest in MOUD or, if not applicable or interested, to provide links to community based harm reduction services.
5. Initiate MOUD for ED patients screening positive for opioid use who are motivated for and agree to treatment. These patients are referred to the ED clinical team for MOUD initiation. Patients meeting clinical criteria should be provided an initial dose of buprenorphine in the ED. PRS staff should then refer patients to a community-based MOUD provider that partner with the hospital for same day or next day MOUD continuation.
6. PRS staff provide ongoing follow up to encourage MOUD maintenance and/or offer harm reduction support for ED patients who agreed to engage in the program. Harm reduction support should be offered even if patients are not interested in MOUD.

The project will begin on February 1, 2023 and will be split between two periods. The initial project period will end at the conclusion of CDC's fiscal year on July 31, 2023. A contract extension will then be issued to continue the project (with a contract modification) through January 31, 2024 giving applicants a full year to complete their work.

Applications must be submitted through the online submission form no later than 11:59 PM EST on November 18, 2022. In fairness to all applicants, NACCHO will not accept late submissions.

A deliverable-based consultant contract will be executed between NACCHO and the LHD; however, LHDs may subcontract with community organizations or other consultants to accomplish the work plan activities.

All necessary information regarding the project and application process may be found in this RFA. Applicants may pose individual questions to NACCHO at any point during the application process by emailing IVP@naccho.org.

Informational Webinar: NACCHO will host an optional informational webinar on October 20, 2022 at 2:00 PM to discuss the funding opportunity and respond to questions. Register for the webinar [here](#). Questions may be submitted in advance to IVP@naccho.org. Registrants will be able to continue registering after the webinar date to receive a recorded version. The recording will also be posted to the NACCHO website [here](#).

Applicants can submit applications and questions regarding this announcement at any time and do not have to wait for the optional webinar to begin or submit applications and questions.

Event	Date/Time (All Times EST)
Launch RFA	October 11, 2022 5:00 PM
Informational Webinar (Register here)	October 20, 2022 2:00 PM
Application Submission Deadline	November 18, 2022 11:59 PM
Award Notification Date	On or around December 14, 2022

End of initial project period	July 31, 2023
Final end of project	January 31, 2024

III: Eligibility and Contract Terms

This funding opportunity is open to all LHDs. LHDs serving jurisdictions with an age-adjusted unintentional drug overdose death rate at or above the national average of **28.3 per 100,000** will be prioritized in funding decisions, but all applicants that present a compelling statement of need will be considered. Priority jurisdictions are listed [here](#) and are based on 2020 statistics from the CDC WONDER database.

Contract Terms:

- Agreement with NACCHO standard contract terms and conditions is a requirement. **No modifications to the terms or contract language will be made.** Agencies that cannot agree to NACCHO’s contract language should not apply for this initiative. Awardees must comply with all federal regulations under 45 CFR 75, which is incorporated by reference in the contract. Florida and Texas applicants should email IVP@naccho.org immediately for a copy of their standard contract. As part of the application, LHD applicants will be asked to verify that they have read NACCHO’s standard contract language and have provided a copy to the individual with signing authority at your organization for advanced consideration.
- It is the responsibility of awarded LHDs to return a signed copy of the contract within 30 days of receipt from NACCHO. Recipients are encouraged to be proactive in coordinating their agency’s grant approval process to avoid possible delays.
- Applicants should review all terms and conditions to determine whether they are the appropriate entity for submitting a proposal.
- Applicants should review all proposed activities and expenditures to ensure there is a reasonable expectation that project funds can be spent within the given project period.

IV: Project Requirements and Timeline

Awarded applicants will be required to agree to a detailed Scope of Work (SoW) after notification of award. Specific activities related to the planning and implementation of each ED protocol program will be enumerated in the SoW. Please see a brief summary of crosscutting activities in which all awarded applicants will be expected to engage below.

Scope of Work:

- Initial Consultation Calls
 - Each site will have a set of initial calls with the NACCHO and subject matter expert(s) to review, discuss, and provide greater context to their proposed work.
- Participate in regular technical assistance and peer-to-peer learning calls
 - Monthly check-in calls facilitated by NACCHO to review progress of planned activities. In addition to NACCHO, sites will receive support from CDC and subject matter expert(s).
 - Peer-to-peer (P2P) calls to network with and learn from other awardees.
 - Additional ad hoc Technical Assistance (TA) calls as needed to support work plan activities.
 - An in-person or virtual learning event may be hosted by NACCHO and CDC, considering safety and the continued impact of COVID-19 across the country. This meeting will supplement the regular TA provided throughout the project period. NACCHO will separately cover the costs of any planned in-person learning event.

- Develop a detailed workplan
 - Awardees will work with NACCHO and subject matter expert(s) to develop a workplan detailing their proposed ED protocol program.
- Implement the workplan activities to stand up an ED protocol program
 - Awardees will work with NACCHO and subject matter expert(s) implement workplan activities.
- Develop an evaluation plan
 - Awardees will work with NACCHO and subject matter expert(s) to develop a set of evaluation questions and determine data metrics to be collected throughout program implementation.
- Evaluate activities
 - Recipients will be expected to evaluate and document activities during the implementation process, including process and outcome measures. Recipients will be expected to develop the following specific materials at the end of the project period:
 - Implementation Progress Report (IPR) intended to reflect implementation and progress of work at the end of the project period.
 - Evaluation Report (ER) intended to reflect monitoring and evaluation of activities conducted.

V: Technical Assistance and Support to Awardees

NACCHO, in collaboration with CDC and contracted subject matter expert(s), will provide the following TA and support to awardees in each of the scope of work activities outlines in section IV as well as administrative matters related to contract execution, budget modification, and invoicing. NACCHO will contract the subject matter expert *The Mosaic Group*, a management-consulting firm with expertise in community health and human-services strategies, program design, and evaluation. Mosaic Group has supported many hospitals in developing, launching, and maintaining similar protocols.

VI: Application Process

- Review the requirements and expectations outlined in this RFA.
- Applicants are urged to carefully consider activities that will be both meaningful and feasible to accomplish during the previously described project timeframe.
- Read NACCHO's [standard contract language](#) and provide a copy to the individual with signing authority for the LHD (or entity that would be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices for advanced consideration. Do not sign or send back the contract with the application.
- Submit the application to NACCHO by November 18, 2022, at 11:59 PM ET. Submissions after this deadline will not be considered. Please submit your application using NACCHO's online portal [here](#). **Please note that to gain access to the submission portal, applicants will need to create a NACCHO.org account if they do not already have one.**
- The application must include the following items to be deemed complete:
 - Narrative that addresses the four domains described below:
 - Statement of need
 - Proposed project plan
 - LHD and partner readiness
 - LHD administrative capacity
 - Budget justification
 - Completed attachments
 - The applicant must be registered with the System for Award Management (SAM) and proof of registration with its SAM number provided. For applicants without a SAM number, please note that it takes 7-10 business days to receive a number after registration. Please plan accordingly to ensure an active SAM



number at the time of submission.

NACCHO will confirm receipt of all applications, however, receipt does not guarantee verification of completeness. All questions may be directed to IVP@naccho.org.

VII: Application Format and Instructions

Narrative:

- **Statement of Need (30%) (Max 750 words)**
 - Describe the jurisdiction you serve and provide information about the burden of overdose and related harms. Please include any information available about communities disproportionately impacted by overdose.
 - Provide a comprehensive overview of the current landscape of prevention, recovery, and harm reduction services for people who use drugs in your jurisdiction. This may include, but is not limited to, clinical care; services such as SSPs, social services, behavioral health services; availability of MOUD outpatient treatment; availability of peer recovery services; historical and ongoing educational campaigns; and overdose related surveillance.
 - Applicant specific work:
 - Describe in detail any overdose prevention and response work your health department is currently or was previously engaged in with local hospitals.
 - Describe in detail any overdose prevention and response work your health department is currently or was engaged in that utilized peer recovery specialists.
 - Demonstrate how this funding program would meet an identified gap in services.
- **Proposed Project Plan (30%) (Max 1000 words)**
 - List and describe your proposed EPED objectives and goals. These should be clearly connected to your statement of need.
 - Provide a narrative description of your proposed program's interventions and implementation plan.
 - Describe any key partners (hospitals, peer recovery organizations, etc.) who will assist in your proposed project plan.
 - Complete attached [logic model](#) to further detail activities, outputs, and outcomes.
- **LHD and Partner Readiness (30%) (1000 words)**
 - Given the timeframe of the project, conditions must be in place in each local jurisdiction to allow feasible completion within 12 months. In addition to providing letters of support, please provide a narrative response to each of the following prompts.
 - Describe historical and current relationship between the LHD and the hospital.
 - Describe how the LHD is confident that senior hospital leadership is committed to partnering on this project and will dedicate the time and resources to plan and implement.
 - Describe the current status of MOUD prescription at the hospital and describe if there are areas of resistance that are anticipated. If so, how will these be overcome?
 - Can the hospital's electronic health record be modified within the project timeframe?
 - Describe the process by which the hospital introduces new protocols in the emergency department.
 - Is the partnering hospital anticipating any major changes in the next 12 months? (hiring freeze, EMR change, acquisition, etc.)
 - What is the volume of patient encounters in the partnering ED?
 - What is the hospital's or LHD's plan to hire peers?
 - Are there barriers perceived to peer hiring or deployment within the hospital?



- Is the partnering hospital part of a consortium? If so, which one?
 - Describe the local recovery community that would support a network of services for patients enrolled in the program.
 - Sustainability: How might your program be maintained after the end of the grant period?
- **A letter of support from a hospital partner is required.** This letter should clearly indicate hospital familiarity with and readiness to implement the proposed project plan.
- **A letter of support from at least one local Opioid Treatment Program or other treatment facility that provides medications for Opioid Use Disorder is required.** This letter should clearly outline the provider's readiness to receive referrals from the emergency department peer program.
- Additional letters of support from community-based organizations providing other treatment, harm reduction, and supportive services to people who use drugs are encouraged but not required.
- **LHD Administrative Capacity (10%) (500 words)**
 - Describe the LHDs' institutional capacity to manage the administrative side of the grant, including project management and financial responsibilities.
 - Identify key staff and provide sufficient detail about their background and experience to demonstrate knowledge, skills, and abilities to perform the functions required to meet the project goals and to meet the grantee responsibilities laid out in section IV.
- **Budget Justification and Narrative (0%)**
 - Applicants must provide a [detailed line-item budget](#) and narrative justification of the items included in their proposed budget. [This](#) Excel document includes both a budget template and instructions for completing the budget narrative, which should be submitted separately.
 - The line-item budget and narrative *will not be scored* but will be reviewed for appropriateness and the inclusion of unallowable costs. Changes to the submitted budget may be requested by NACCHO following this review.
 - The purpose of the line-item budget is to demonstrate that the applicant has considered appropriate funding needed to accomplish the proposed work. The budget should span 12 months with the understanding that an extended project would end on January 31, 2024. Awardees must comply with all federal regulations under 45 CFR 75, which is incorporated by reference in the contract. Restrictions that must be considered while planning the programs and writing the budget are listed in Appendix A.
 - Applicants must demonstrate sufficient staff support to manage and coordinate the proposed program activities and ensure adequate evaluation expertise to support project requirements, as listed in section IV.

Applicants will be notified of their selection status by e-mail to the project point of contact on or around December 14, 2022. Selected LHDs will be required to confirm participation and agreement with the contract scope of work after receiving notification. The designated point of contact for selection must be available to receive and respond to the notification in a timely manner.

VIII: Attachments

Required Application Resources

- Logic Model – [Template](#)
 - [Logic Model Quick Guide](#) for reference
- Budget Proposal – [Template](#)
- NACCHO Standard Contract for review – [Template](#)
- Vendor Information – [Form](#)
- W-9 Form – [Form](#)



- Certification of Non-Debarment – [Form](#)
- FFATA – [Form](#)
- Required: Proof of active registration with SAM.gov in accordance with an active DUNS number

IX: 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:

- Equipment costing over \$5,000 per individual items.
- Naloxone/Narcan
- Syringes and pipes.
- HIV/HCV/other STD/STI testing.
- Drug disposal programs and supplies. This includes Implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
- Development of educational materials on safe injection.
- Gift cards individually worth over \$25 in value.
- Vehicles.
- Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation.
- 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
- Travel Costs – Hotel, meals and incidentals generally are unallowable if they exceed on a daily basis the Federal Travel Per Diem Rates published by the General Services Administration. There are many rules and exceptions in applying this rule. Please contact NACCHO with specific questions about these exceptions.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.



- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes,
 - For the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

ⁱ Hedegaard H, Minino AM, Warner M. *Drug overdose deaths in the United States, 1999-2019. NCHS Data Brief.* 2020;No. 394(December 2020)

ⁱⁱ Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55).

