

**Request for Application**

**Implementing Overdose Prevention Strategies at the Local Level**

**Date of release: Wednesday, September 25, 2019**

**Applications are due by 11:59 pm E.T. on Wednesday, October 23, 2019**

# **Funding Opportunity Overview**

The National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC) and the National Center for Injury Control and Prevention (NCIPC), is accepting applications for *Implementing Overdose Prevention Strategies at the Local Level*. This funding opportunity is designed to build capacity for local health departments (LHDs) serving large jurisdictions with a high burden of drug overdose deaths.

NACCHO will make up to twelve (12) awards available to high-burden LHDs through this funding opportunity. Each LHD may request up to $750,000 to support project activities. The project period shall begin upon both parties’ full execution of the contract and will end July 31, 2020. Applications must be submitted through the [online submission form](http://naccho.co1.qualtrics.com/jfe/form/SV_3syHZ7x3yJVrlPf) no later than **October 23, 2019 at 11:59 pm ET.** In fairness to all applicants, NACCHO will not accept late submissions.

Recipients are expected to implement activities that address their community’s challenges related to drug overdose deaths in two or more of the following categories of work:

* Establishing Linkages to Care
* Providers and Health Systems Support
* Partnerships with Public Safety and First Responders
* Empowering Individuals to Make Safer Choices
* Prevention Innovation Projects

The activities should be tailored to the categories of work and have an impact on the outcomes listed in the logic model. NACCHO and CDC will provide technical assistance (TA) to help finalize the work plan and implement proposed activities post-award. A contract will be executed between NACCHO and the LHD; however, LHDs may subcontract with community organizations. NACCHO will establish cost-reimbursable subawards with selected LHDs. All federal regulations included in [45 CFR 75](https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75) will be mandated for awardees.

All necessary information regarding the project and application process may be found in this Request for Application (RFA). Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing [opioidepidemic@naccho.org](mailto:opioidepidemic@naccho.org).

NACCHO and CDC will host an optional informational webinar on **October 7, 2019** **at 2:00 pm ET** to discuss the funding opportunity and respond to questions. Visit [this link](https://www.naccho.org/programs/community-health/injury-and-violence/opioid-epidemic/naccho-funding-opportunity-implementing-overdose-prevention-strategies-at-the-local-level) for more information and to register. Questions may be submitted in advance to [opioidepidemic@naccho.org](mailto:opioidepidemic@naccho.org). NACCHO will aggregate and anonymize the questions and upload an FAQ to the application site by October 11, 2019. The webinar will be recorded and sent out to registrants. Please note that no new information will be shared during the webinar. Applicants can submit applications and questions regarding this announcement at any time and do not have to wait for the optional webinar in order to begin or submit applications and questions. The webinar will also be recorded and posted to the NACCHO website <https://www.naccho.org/programs/community-health/injury-and-violence/opioid-epidemic/naccho-funding-opportunity-implementing-overdose-prevention-strategies-at-the-local-level>

Funding for this initiative is supported by the Centers for Disease Control and Prevention (CDC) cooperative agreement NU38OT000306-02-01 entitled *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health.*

# **Background**

With opioid use as a leading cause of injury and death, it is undeniable that the United States is experiencing an opioid overdose epidemic. In 2018, drug overdoses led to more than 68,000 deaths.[[1]](#endnote-2) During the previous year, as cited in “[Understanding the Epidemic](https://www.cdc.gov/drugoverdose/epidemic/index.html),” opioids were specifically involved in over two-thirds of drug overdose deaths, and the CDC reported that an average of 130 Americans died every day from an opioid overdose in 2017.[[2]](#endnote-3) The opioid overdose epidemic and additional polysubstance use have also contributed to increases in non-fatal overdoses, emergency room visits, widespread outbreaks of infectious diseases linked to intravenous drug use, and unintended community-level consequences.[[3]](#endnote-4),[[4]](#endnote-5),[[5]](#endnote-6)

# **Eligibility and Contract Terms**

This funding opportunity is open to high-burden LHDs that meet the following requirements:

* Reported 300 or more drug overdose deaths to the National Center for Health Statistics (NCHS) in 2017.
* Counties that serve a population greater than 700,000 people according to the U.S. Census Bureau, City and Town Population Totals: 2010-2017, Incorporated Places: 2010 to 2017, United States.
* If two or more LHDs cover the same jurisdictional county, only one will be awarded. LHDs are encouraged to work together on one application to serve their entire county and select one agency to submit the application and serve as a fiscal agent for the funds.
* LHDs located in jurisdictions where a county received CDC’s Overdose Data to Action award may not apply.
* Program funds cannot be used for purchasing naloxone; implementing or expanding drug “take back” programs or other drug disposal programs (e.g., drop boxes or disposal bags); purchasing fentanyl test strips; or directly funding or expanding direct provision of substance use disorder treatment programs.

Agreement with NACCHO standard contract terms and conditions is a requirement. **No modifications to the terms or contract language will be made. Contractors that cannot agree to NACCHO’s contract language should not apply for this initiative.** Florida and Texas applicants should email [opioidepidemic@naccho.org](mailto:opioidepidemic@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 the LHD to return a signed copy of the contract **no later than December 6, 2019**. 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. The project period is up to 9 months long, and 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. Any application that fails to satisfy the deadline requirements will be considered non-responsive and will not be considered for funding under this announcement.

# **Categories of Work**

The eligible categories of work to which LHDs may apply are outlined below; see Appendix A for example activities. Applicants are required to apply to at least two (2) categories of work:

1. Establishing Linkages to Care
2. Providers and Health Systems Support
3. Partnerships with Public Safety and First Responders
4. Empowering Individuals to Make Safer Choices
5. Prevention Innovation Projects

Recipients are expected to implement activities that will impact short and intermediate outcomes listed in the logic model below in the category of work for which the LHD received the award:

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategies and activities** | **Short term outputs/outcomes** | **Intermediate outcomes** | **Long-term outcomes** |
| **Establishing Linkages to Care** | | | * Decreased rate of opioid misuse and opioid use disorder * Decreased drug overdose death rate, including prescription opioid and illicit opioid overdose death rates * Increased provision of evidence-based treatment for opioid use disorder * Decreased rate of emergency department (ED) visits due to misuse or opioid use disorder |
| * Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community programs) and public safety and courts (e.g., police, emergency response, diversion programs) to support care linkages with improved awareness, coordination, and technology | * Increased awareness and coordination of linkages to care | * Increased referrals to and engagement in evidence-based treatment |
| **Providers and Health Systems Support** | | |
| * Clinical Education and Training based on evidence-based guidelines (e.g., CDC guidelines) | * Provider, health system, and payer awareness of and supports for guideline concordant opioid prescribing, non-opioid medications, and non-pharmacological treatment | * Increased use of non-opioid and non- pharmacological treatments for pain by patients * Decrease in high-risk opioid prescribing |
| **Partnerships with Public Safety and First Responders** | | |
| * Data sharing across public health and public safety partners * Programmatic collaborations to share and leverage prevention and response resources | * Improved coordination of public health and public safety efforts * Use of shared data to inform collaborative public health/public safety prevention and response activities * Greater jurisdictional awareness of opioid overdose epidemic and evidence-based approaches by public safety and first responder partners * Increased opportunity/processes to link individuals to care * Increased use of pre-arrest and pre-trial diversion-type programs to address opioid-related behaviors | * Improved use of evidence-based approaches to prevention, intervention, and referral to treatment |
| **Empowering individuals to make safer choices** | | |
| * Awareness and education informed by media campaigns, translational research for public consumption, and appropriate messaging and resources | * Increased awareness of the risks of prescription and illicit opioids * Increased awareness of non-opioid medications and non-pharmacological treatments among prescribers and other clinical care partners | * Decreased initiation of opioid use and misuse * Increased fidelity to opioid prescription/ medication protocol * Increased use of non-opioid medications and non-pharmacological treatments among patients |
| **Prevention Innovation Projects** | | |
| * Projects that allow jurisdictions to respond to emerging threats and to promote innovative prevention approaches and practices | * Improved flexibility to respond to changing conditions within the jurisdiction * Promotes the development of novel prevention strategies | * Expanded opioid prevention activities * Improved jurisdictional responsiveness |

# **Project Requirements and Expectations**

Selected LHDs will:

* Adhere to NACCHO’s standard contract language and be able to sign and return the contract to NACCHO within approximately 30 days of receipt.
* Designate one LHD main point of contact with whom NACCHO will directly communicate on all matters related to this project.
* Be willing to participate in virtual and in-person learning, and evaluation activities highlighted below to openly share challenges, results, and outcomes. **This is a critical element of the award and requires a time commitment of three to five hours per month on average from awardees throughout the period of performance.**
  + Participate in a two day in-person convening for up to three people per jurisdiction in Washington, D.C., on February 4-5, 2020. Travel expenses will be covered by NACCHO.
  + Participate in at least four check-in calls facilitated by NACCHO to review progress of planned activities and any major changes to the proposed work plan. Participants will include at least one representative from NACCHO, CDC, and the awardee as well as any other stakeholders invited by the awardee.
  + Participate in monthly peer-to-peer learning opportunities among awardees who are engaging in similar activities.
  + Participate in evaluation-related activities with NACCHO and CDC to track and measure progress towards expressed outcomes.
* Submit an Annual Progress Report (APR) with a completed Evaluation and Performance Measurement plan. The APR should include information about the categories of work; lessons learned, successes, and challenges experienced during the project; and any tools or resources developed.

NACCHO, in collaboration with CDC, will provide the following TA and support to awardees:

* Schedule and conduct TA calls with each awardee.
* Provide monthly opportunities for peer-to-peer networking among selected LHDs.
* Create a customized TA package for selected LHDs to include access to in-person and or virtual technical assistance and guidance from subject-matter experts related to the category of work for which the LHD received the award, as appropriate. NACCHO and CDC may provide onsite consultation which may include up to one site visit per jurisdiction to assist the awardee as needed.
* Evaluation planning support.

# **Application Process**

1. Review the requirements and expectations outlined in this RFA and in the [Blank Application Form.](https://www.naccho.org/uploads/downloadable-resources/IOPSLL-Application.docx)
2. Applicants are urged to carefully consider the categories of work and activities that will be both meaningful and feasible to accomplish during the project timeframe, as described earlier in this document.
3. Read NACCHO’s [standard contract language](https://www.naccho.org/uploads/downloadable-resources/01_Subaward-Template-for-Members_190911_235714.docx) 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. Selected LHDs must agree to the contract language and be able to sign and return a contract to NACCHO within approximately 30 days of receiving it. No modifications will be made.
4. Complete the online submission form by **October 23, 2019, 11:59 pm ET.** No applications will be accepted by fax, e-mail, or postal mail. Please note:
   * LHDs may submit one application only.
   * Applicants **will** be able to save responses in the online form and return to them as needed during the submission process, as long as it is accessed through the same device and browser and the cache has not been cleared.
   * Access the online submission form at: <http://naccho.co1.qualtrics.com/jfe/form/SV_3syHZ7x3yJVrlPf>

NACCHO will confirm receipt of all applications, however, receipt does not guarantee verification of completeness. All questions may be directed to [opioidepidemic@naccho.org](mailto:opioidepidemic@naccho.org).

# **Selection Process and Criteria**

Applications will be reviewed by NACCHO and CDC and scored based on the following criteria. The budget will not be included in the scoring criteria, but is required for complete application submissions. NACCHO will not review incomplete applications.

* **Approach (50 points)**
  + Describe the overall purpose and target populations in terms of the problem you are trying to solve.
  + Include any relevant background and community context.
  + Add measurable outcomes that the program intends to achieve by the end of the period of performance.
* **Strategies and activities (15 points)**
  + Applicants must provide a clear and concise description of the strategies and associated activities they will use to achieve the period of performance outcomes, according to categories of work laid out in Section IV.
* **Work plan (15 points)**
  + Applicants will be scored on their preparation of a detailed work plan consistent with this RFA.
  + After reading the work plan, reviewers should be able to understand how the applicant plans to carry out achieving the period of performance outcomes, strategies, and activities using this funding opportunity.
* **Collaborations (10 points)** 
  + Applicants must demonstrate strong, multi-sector collaborations to support their work, including but not limited to community-based organizations, such as (501(c)(3)s that are embedded in the area of focus; hospitals or health systems; public safety and first responders; and/or other key authorities involved in their work.
  + Applicants are strongly encouraged to provide (a) Letter(s) of Support (LOS) to show that collaborators support the application and agree to regular meetings to support and coordinate activities.
* **Evaluation and performance measures (25 points)**
  + An evaluation plan including appropriate indicators, measures of program implementation (capturing formative, process, and outcome evaluation metrics), and logic model.
  + Includes information on data sources and demonstration of appropriate evaluation expertise on project.
* **LHD organizational capacity to implement the approach (25 points)**
  + Staff experience.
  + Capacity to collect or obtain data.
  + Sustainability plan.
  + Capacity and capability to accept and expend project funds within the project period.
* **Budget justification**
  + Applicants must provide a detailed line item budget and narrative justification of the items included in their proposed budget.
  + When appropriate, applicants should demonstrate ability to expedite contracting, hiring, and procurement processes in order to implement activities identified in the categories of work.

Applicants will be notified of their selection status by e-mail to the project point of contact on or about **November 8, 2019**. 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.

# **Supplemental Funding Opportunity: Peer-to-Peer Learning Coordinators**

In addition to the $750,000 funding opportunity to support project activities, supplemental funds in the amount of $50,000 are offered for those recipients who want to serve as Peer-to-Peer Learning Coordinators for a specific area of expertise (within one of the five categories of work). The application should specify the category of work selected and demonstrate the recipient’s content area of expertise. It should propose a curriculum and process by which the recipient would build capacity and expertise among their peers. Peer-to-Peer Learning Coordinators may serve as a resource for other LHDs interested in implementing similar activities by providing technical assistance via telephone, e-mail, or in person. For example, if your health department has developed a model to engage individuals with lived experience into program development, you could apply to be a Peer-to-Peer Learning Coordinator for content area within the strategy “Empowering Individuals to Make Safer Choices.” You would propose the learning objectives for other LHDs, the modality for training (e.g., series of webinars, facilitated conference calls, or workshop during the in-person meeting), and a timeline for implementation. Peer-to-Peer Learning Coordinators will receive the supplemental funds through a separate fee-for-service contract for which deliverables will be listed in the recipient contract and payment will be remitted upon submission and acceptance of those items.

# **Key Dates**

Applicants are advised to consider the following deadlines and events for this application:

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| Event | Date/Time |
| Launch RFA | September 25, 2019 |
| Informational Webinar | October 7, 2019, 2:00 pm ET |
| Application Submission Deadline | October 23, 2019, 11:59 pm ET |
| Award Notification Date | On or about November 8,2019 |
| Kickoff Webinar | November 14, 2019, 2:00 pm ET |
| Contract due to NACCHO | December 6, 2019 |
| Convening of cohort in Washington, D.C. (date and location subject to change) | February 4-5, 2020 |
| Final project summary due to NACCHO | July 31, 2020 |
| End of Period of Performance | July 31, 2020 |

# **Attachments**

Please find below, links to additional information, forms, and resources needed for this application submission:

**Required Application Resources**

* Budget Proposal and Justification – [Spreadsheet](https://www.naccho.org/uploads/downloadable-resources/IOPSLL-Budget-Template.xlsx)
* [Work Plan Template](https://www.naccho.org/uploads/downloadable-resources/IOPSLL-Work-Plan.docx)
* [Evaluation and Performance Measurement Plan](https://www.naccho.org/uploads/downloadable-resources/IOPSLL-Evaluation-Plan-Template.docx)
* NACCHO Standard Contract Language (Member) – [Contract](https://www.naccho.org/uploads/downloadable-resources/01_Subaward-Template-for-Members_190911_235714.docx)
* Vendor Information Form – [Form](https://www.naccho.org/uploads/downloadable-resources/Vendor-Form.pdf)
* W-9 – [Form](https://www.naccho.org/uploads/downloadable-resources/W-9-Blank.pdf)

# **Resources**

NACCHO Resources

* [Opioid Epidemic Toolkit for Local Health Departments](https://www.naccho.org/programs/community-health/injury-and-violence/opioid-epidemic/local-health-departments-and-the-opioid-epidemic-a-toolkit)
* [Environmental Scan: LHD Approaches to Opioid Use Prevention and Response:](https://www.naccho.org/uploads/downloadable-resources/Environmental-Scan-V3-July-2019-FINAL-v2.pdf)
* [Primer for Local Health Departments](http://eweb.naccho.org/eweb/DynamicPage.aspx?WebCode=proddetailadd&ivd_prc_prd_key=e892b8e2-0e55-482c-8b00-367d6797f6e0&Action=Add&site=naccho&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&DoNotSave=yes&ParentObject=CentralizedOrderEntry&ParentDataObject=Invoice%20Detail)

External Resources

* [Promising State Strategies](https://www.cdc.gov/drugoverdose/policy/index.html)
* [Evidence-Based Strategies for Preventing Opioid Overdose](file:///\\naccho.org\d-drive\d\dept\TEAMS\Community%20Health\CEH\Projects%20&%20Activities\7279%20-%20Opioids%202018-19\Project%20Management\Planning%20for%202019-2020\Local%20Response%20RFA\RFA%20Drafts\•%09https:\www.cdc.gov\drugoverdose\pdf\pubs\2018-evidence-based-strategies.pdf)
* [Blue Prints Program](https://www.blueprintsprograms.org/program-search/)
* [National Interoperability Collaborative (NIC) Playbook](https://nic-us.org/the-opioid-playbook/)
* [The Opioid Use Disorder Prevention Playbook](https://nic-us.org/the-opioid-playbook/)

**Appendix A**

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| **Examples of proposed activities** |
| **Establishing Linkages to Care**  Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community programs) and public safety and courts (e.g., police, emergency response, diversion programs) to support care linkages with improved awareness, coordination, and technology.  *Example activities:*   * Employ peer navigators to connect and communicate with people who use drugs and people who are seeking care. * Develop a post-overdose protocol to improve opportunities to link people to care following a non-fatal drug overdose. * Enhance policies and programs to strengthen or improve the system’s ability to engage people in care. * Increase and improve coordination among organizations that provide care or enable linkages to care. * Integrate technology to support linkage to care efforts. |
| **Providers and Health Systems Support**  Clinical education and training based on evidence-based guidelines (e.g., CDC guidelines).  *Example activities:*   * Support guideline implementation, clinical education, and training for providers and health systems. * Implement academic detailing to increase appropriate and evidence-based behavior among providers. * Enhance or initiate support for insurers and health systems to better serve people who use drugs. |
| **Partnerships with Public Safety and First Responders**  Data sharing across public health and public safety partners, and programmatic collaborations to share and leverage prevention and response resources.  *Example activities:*   * Enhance data sharing across public health and public safety partners, such as law enforcement, first responders, emergency rooms, fire department, etc. * Develop or strengthen programmatic partnerships to leverage the resources and expertise of public safety and first responder organizations. |
| **Empowering individuals to make safer choices**  Awareness and education informed by media campaigns, translational research for public consumption, and appropriate messaging and resources.  *Example activities:*   * Develop and implement a mass-market communications campaign to share evidence-based messaging about drug use and people who use drugs. * Address stigma around drug use through activities such as town halls, informational sessions, communications campaigns, etc. * Develop messaging for those who use illicit drugs to enhance their knowledge of services and resources available within the community. * Partner with harm reduction organizations to serve people who use drugs and their friends and family (i.e., host naloxone trainings, support syringe service program efforts, provide educational opportunities). * Develop and disseminate risk reduction messaging for vulnerable populations to reduce the unintended negative consequences of drug use. * Evaluate the impact of harm reduction strategies on people who use drugs. |
| **Prevention Innovation Projects**  Projects that allow jurisdictions to respond to emerging threats and to promote innovative prevention approaches and practices. |

1. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at [http://wonder.cdc.gov](http://wonder.cdc.gov/) [↑](#endnote-ref-2)
2. Ibid. [↑](#endnote-ref-3)
3. Substance Abuse and Mental Health Services Administration. (2013). The DAWN report: Highlights of the 2011 Drug Abuse Warning Network (DAWN) findings on drug-related emergency department visits. Available at <http://www.samhsa.gov/data/2k13/dawn127/sr127-dawn-highlights.htm> [↑](#endnote-ref-4)
4. Centers for Disease Control and Prevention. (2017). Increase in hepatitis C infections linked to worsening opioid crisis. Available at <https://www.cdc.gov/nchhstp/newsroom/2017/hepatitis-c-and-opioid-injection-pressrelease.html> [↑](#endnote-ref-5)
5. Frank, R. G. (2017). Ending Medicaid expansion will leave people struggling with addiction without care. The Hill. Available at <http://thehill.com/blogs/pundits-blog/healthcare/338579-endingmedicaid-expansion-will-leave-people-struggling-with> [↑](#endnote-ref-6)