

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Request for Application

Implementing Overdose Prevention Strategies at the Local Level

Applications are due by 11:59 pm E.T. on Friday, November 6, 2020



I. Funding Opportunity Overview

The National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC), 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 jurisdictions with an above average burden of drug overdose deaths.

NACCHO will select up to ten (10) awards available through this funding opportunity. Each LHD may request up to \$500,000 to support project activities. The project period shall begin upon both parties' full execution of the contract and will end **July 31, 2021**. Contingent on CDC approving a no cost extension, the project will continue (with a contract modification) to end on **July 31, 2022**. Applications must be submitted through the [online submission form](#) no later than **November 6, 2020 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 overdoses in one 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
- Enhanced Surveillance and Data Sharing
- Prevention Innovation Projects

These activities must be linked to measurable outcomes, which must be captured in the required logic model and evaluation plan submitted by each LHD. Technical assistance (TA) throughout the implementation process and project year will be provided by NACCHO, CDC, and other identified consultants. Specifics related to technical assistance provided can be found in the Request for Application (RFA), Section V. A cost-reimbursable subaward 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 e-mailing IVP@naccho.org.

NACCHO and CDC will host an optional informational webinar on **October 22, 2020 at 2:00 pm ET** to discuss the funding opportunity and respond to questions. Visit [this link](#) for more information and to register. Questions may be submitted in advance to IVP@naccho.org. 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 to begin or submit applications and questions. The webinar will also be recorded and posted to the NACCHO website [here](#). NACCHO will aggregate and anonymize the questions and upload an FAQ to the application site by **October 26, 2020**.



Funding for this initiative is supported by the Centers for Disease Control and Prevention (CDC) cooperative agreement 5 NU38OT000306-03-00 entitled *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health*.

II. Background

2018 marked the first year that the U.S. recorded a year-on-year drop in overdose deaths. However, preliminary data suggests that this number of overdose deaths rose alarmingly in 2019 to set a new high of almost 73,000.¹ Additionally, it seems likely that this trend has continued, or even accelerated, since the onset of the COVID-19 pandemic.² Apart from the tragic loss of life, the overdose epidemic, driven by opioid use but substantially impacted by stimulant and polysubstance use, has also contributed to increases in non-fatal overdoses, emergency room visits, and widespread outbreaks of infectious diseases linked to intravenous drug use while also causing community-level harms such as economic decline and increased incarceration rates.^{3,4,5,6}

III. Eligibility and Contract Terms

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

- Eligible LHDs will serve cities or counties with a population of **150,000 or higher** and a drug overdose death rate at the national average of **20.6 per 100,000 or higher**.
 - Statistics related to these criteria are drawn from the CDC WONDER database. All data refer to statistics from 2018. [Jurisdictions meeting these criteria are listed here.](#)
- 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 cities or counties that directly received CDC Overdose Data to Action (OD2A) funding are not eligible. LHDs who received passthrough OD2A funding through their state are welcome to apply.
- LHDs that are currently receiving funding through IOPSLL are not eligible.

If you believe your jurisdiction is missing from the list of eligible applicants or have more recent local data indicating your jurisdiction has met these criteria please email IVP@naccho.org.

¹ Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2020. Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

² Alter, A., Yeager, C. (2020, June). COVID-19 Impact on US National Overdose Crisis. Retrieved from <http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf>

³ Vivolo-Kantor AM, Hoots BE, Scholl L, et al. Nonfatal Drug Overdoses Treated in Emergency Departments — United States, 2016–2017. *MMWR Morb Mortal Wkly Rep* 2020;69:371–376. DOI: <http://dx.doi.org/10.15585/mmwr.mm6913a3>

⁴ Anon. (2018, March 06). Emergency Department Data Show Rapid Increases in Opioid Overdoses. Retrieved from <https://www.cdc.gov/media/releases/2018/p0306-vs-opioids-overdoses.html>

⁵ Alter, A., & Yeager, C. (2020, June). COVID-19 Impact on US National Overdose Crisis. Retrieved from <http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf>

⁶ Nosrati, E., Kang-Brown, J., Ash, M., McKee, M., Marmot, M., & King, L. (2019, July). Economic decline, incarceration, and mortality from drug ... Retrieved from [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30104-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30104-5/fulltext)



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.** All federal regulations included in [45 CFR 75](#) will be mandated for awardees. 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 **no later than January 25, 2021**. 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 shall begin upon both parties' full execution of the contract and will end **July 31, 2021**. Contingent on CDC approving a no cost extension, the project will continue (with a contract modification) and end on **July 31, 2022**. 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. Technical Assistance and Support to Awardees

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 awarded LHDs
- Create a customized TA package for selected LHDs with virtual technical assistance and guidance from subject-matter experts
- Evaluation planning support

NACCHO will separately establish relationships with expert contractors to provide ongoing TA and support to awardees on any of the following topics:

- Adapting programs during public health emergencies
- Anti-stigma work
- Health equity and overdose response
- Implementation science
- Media campaigns
- Medications for Opioid Use Disorder (MOUD, focused on buprenorphine)
- Mortality surveillance
- Naloxone provision and training
- Overdose prevention and response education
- Prescription Drug Monitoring Programs (PDMP)
- Rapid Assessment and Response (RAR, community engagement and targeted interventions using real-time surveillance)
- Relay (hospital-based peer-to-peer non-fatal overdose programming)
- Syndromic surveillance



V. Project Requirements and Expectations

The selected applicants will be required to conduct provide specific activities in addition to implementing their work plan. A final scope of work (SOW) will be agreed upon after award acceptance by applicant. Awarded LHDs must:

- 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.
- Program and contract staff at the LHD will attend a kick-off meeting with NACCHO grants and contracts to streamline invoicing process. LHD staff are expected to have thoroughly reviewed the invoice reporting requirements and identified any areas of concern **prior to call**.
- Participate in virtual learning, technical assistance, 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 monthly 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 additional TA calls by specialized TA providers based on work plan activities.
 - Participate in monthly peer-to-peer learning calls with other awardees.
 - Participate in evaluation-related activities with NACCHO and CDC to track and measure progress towards expressed outcomes.
 - Participate in developing a summarization of the evidence-based strategies and interventions implemented to aid dissemination to peer LHDs. If novel interventions are implemented, the essential elements necessary for implementation must be clearly defined.
- 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.

Recipients are expected to implement activities that address their community’s challenges related to drug overdoses in one or more of the following categories of work. See section VIII for an example of potential activities. Note that there may be a natural overlap between the activities proposed under the categories of work. Mutual exclusivity is not required, and some proposed activities may be classified under more than one category of work.

- **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.
- **Providers and Health Systems Support:** Clinical education and training based on evidence-based guidelines (e.g., CDC guidelines).



- **Partnerships with Public Safety and First Responders:** Programmatic collaborations across public health and public safety partners to share and leverage prevention and response resources.
- **Empowering Individuals to Make Safer Choices:** Awareness and education informed by media campaigns, translational research for public consumption, and appropriate messaging and resources.
- **Enhanced Surveillance and Data Sharing:** Data sharing and surveillance to inform prevention and response efforts.
- **Prevention Innovation Projects:** Projects that allow jurisdictions to respond to emerging threats and to promote innovative prevention approaches and practices not classified in the other categories of work.

Recipients are expected to implement activities that will impact short and intermediate outcomes listed in their own logic models. [Here](#) is an example of a logic model detailing potential activities and outcomes.

VI. Application Process

- Review the requirements and expectations outlined in this RFA and in the [Blank Application Form](#).
- 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. 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.
- Complete the [online submission form](#) by **November 6, 2020, 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.

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. 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.

Work plan, evaluation plan, and budget templates can be found in Section X.

- **Approach (30 points)**
 - Indicate which categories of work you propose.

- Describe the current state of the drug overdose crisis in your community.
- Describe your LHD's current overdose prevention and response work.
- Broadly describe the proposed work (details to be provided in the workplan) you will propose and the populations you plan to target.
- Include any relevant background and community context.
 - Include the impact COVID-19 has had on existing overdose prevention and response programs.
- Include the data sources used to come to these conclusions and support your proposed work.
- **Work plan (20 points)**
 - Applicants will be scored on their preparation of a detailed work plan describing their proposed work and planned timeline.
 - After reading the work plan, reviewers should be able to understand how the applicant plans achieve outcomes, strategies, and activities described in the approach.
- **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 to show that collaborators support the application and agree to regular meetings to support and coordinate activities.
- **Evaluation and performance measures (20 points)**
 - An evaluation plan including appropriate indicators, measures of program implementation (capturing formative, process, and outcome evaluation metrics), and logic model. [Here](#) is an example of a logic model detailing potential activities and outcomes. Recipients are expected to implement activities that will impact short and intermediate outcomes listed in their own logic models.
 - Includes information on data sources and demonstration of appropriate evaluation expertise on project.
- **LHD organizational capacity to implement the approach (20 points)**
 - Staff experience.
 - Capacity to collect or obtain data.
 - Sustainability plan.
 - Capacity and capability to accept and expend project funds within the project period.
 - Capacity to complete proposed work despite the adverse impact of COVID-19.
- **Budget justification and narrative**
 - Applicants must provide a detailed line item budget and narrative justification of the items included in their proposed budget.
 - The budget will not be included in the scoring criteria but is required for complete application submissions. 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 18 months with the understanding that an extended project would end on July 31, 2022.**

- Include a budget narrative (one page) to explain each line-item and how the amounts were derived. See detailed guidance below.
 - Personnel: List all staff positions by title (both current and proposed). Give the annual salary or hourly rate of each position, the percentage of each position's time devoted to the project, and the activities you anticipate these staff persons to conduct.
 - Fringe Benefits: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, etc.
 - Travel: Specify the purpose and details of the travel.
 - Supplies: Identify supplies in the detailed budget and the intended use for these supplies (i.e. what activities will the supplies support).
 - Contractual: Identify each proposed contract and specify its purpose and estimated cost.
 - Other direct costs: these will vary depending on the nature of the project. This may include activities, monitoring and evaluation, etc.
 - Indirect charge: Indicate how the rate is applied.
- Unallowable Costs
 - Naloxone/Narcan, syringes, fentanyl test strips
 - Drug checking devices
 - HIV/HCV/other STD/STI testing
 - Drug disposal including drug disposal programs or drug take-back programs, drug drop box, drug disposal bags
 - The provision of medical/clinical care
 - Wastewater analysis including testing vendors, sewage testing and wastewater testing
 - Research
 - Direct funding or expanding the provision of substance abuse treatment
 - Development of educational materials on safe injection
 - The primary prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity
 - Incentives such as gift cards
 - Furniture or vehicles
 - Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation

Applicants will be notified of their selection status by e-mail to the project point of contact on or about **November 25, 2020**. 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. Categories of Work and Sample Activities

Recipients are expected to implement activities that address their community's challenges related to drug overdoses. Below is an example of potential activities; however, it is not meant in any way to



indicate required or recommended activities and is provided only as a reference. **Activities need only to relate to measurable objectives ultimately aimed at reducing the burden of overdose in your community.**

All programs described that include group activities or interaction with the public must adhere to CDC recommended safety protocols and guidelines including local COVID-19 policies.

Activities supported directly by project funding are also constrained by allowable costs under CDC guidelines. Unallowable costs are listed in Section VII.

Examples of proposed categories and activities (activities should not be limited by these examples)
<p>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.</p> <p><i>Example activities:</i></p> <ul style="list-style-type: none"> • Employ peer navigators to connect and communicate with people who use drugs and people who are seeking care. • Place a health navigator in probation office to link people to care and wrap around services. • 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.
<p>Providers and Health Systems Support Clinical education and training based on evidence-based guidelines (e.g., CDC guidelines).</p> <p><i>Example activities:</i></p> <ul style="list-style-type: none"> • 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.
<p>Partnerships with Public Safety and First Responders Programmatic collaborations across public health and public safety partners to share and leverage prevention and response resources.</p> <p><i>Example activities:</i></p> <ul style="list-style-type: none"> • 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.
<p>Empowering Individuals to Make Safer Choices Awareness and education informed by media campaigns, translational research for public consumption, and appropriate messaging and resources.</p> <p><i>Example activities:</i></p> <ul style="list-style-type: none"> • 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.

Enhanced Surveillance and Data Sharing

Data sharing and surveillance to inform prevention and response efforts.

Example activities:

- Linking PDMP data with overdose related data or other opioid-related datasets: ED, Vital Statistics, EMS, and others (e.g., foster care, justice-related data).
- Determine indicators or factors for identifying high-burden communities within a jurisdiction using surveillance data and report results.

Prevention Innovation Projects

Projects that allow jurisdictions to respond to emerging threats and to promote innovative prevention approaches and practices not classified in the other categories of work.

Note that there may be a natural overlap between the activities proposed under the categories of work. Mutual exclusivity is not required, and some proposed activities may be classified under more than one category of work.

IX. Key Dates

Applicants are advised to consider the following deadlines and events for this application: Let us know if there will be issues meeting this end date.

Event	Date/Time
Launch RFA	October 2, 2020
Informational Webinar	October 22, 2020, 2:00 pm ET
Application Submission Deadline	November 6, 2020, 11:59 pm ET
Award Notification Date	On or about November 25, 2020
Kickoff Webinar	December 7, 2020, 2:00 pm ET
Contract due to NACCHO	Within 30 days of receiving the signed contract from NACCHO
End of initial contract	July 31, 2021
End of Period of Performance (upon CDC approval of no cost extension)	July 31, 2022



X. Attachments

Required Application Resources

- Budget Proposal – [Template](#)
 - Budget Narrative – [Template](#)
- Work Plan – [Template](#)
- Evaluation and Performance Measurement Plan – [Template](#)
- NACCHO Standard Contract for review – [Template](#)
- Vendor Information – [Form](#)
- W-9 Form – [Form](#)
- Certification of Non-Debarment – [Form](#)
- Certification Regarding Lobbying with Federally Appropriated – [Form](#)
- FFATA – [Form](#)
- Certification regarding Non-Applicability of Audit Requirement (as applicable) – [Form](#)