



## **Request for Application**

**Implementing Overdose Prevention Strategies at the Local Level (IOPSL)**

**Date of release: August 17, 2022**

**Applications are due by 11:59 pm E.T. on September 16, 2022**

**Project Title:** Implementing Overdose Prevention Strategies at the Local Level (IOPSLL)

**Proposal Due Date and Time:** September 16, 2022, 11:59 E.T.

**Selection Announcement Date:** On or around October 7, 2022

**Source of Funding:** Centers for Disease Control and Prevention

**Award Number:** 6 NU38OT000306-05-01

**Maximum Funding Amount:** Up to \$300,000

**Estimated Period of Performance:** November 1, 2022 – January 31, 2024 (15 months)

**Online Submission Form:** [LINK HERE](#)

## I: Background

In the 12-month period ending in December 2021, approximately [108,809](#) people died from overdoses in the United States. This data represents the continued and alarming rise of overdose deaths since the onset of the COVID-19 pandemic – fatalities have increased by 16% since the beginning of 2021 and a stunning 44% since the onset of the COVID-19 pandemic in March 2020. Apart from the tragic loss of life, the overdose epidemic, driven by opioid use but substantially impacted by stimulant and polysubstance use, has contributed to a rise in [harms associated](#) with injection drug use. The complex and changing nature of the overdose epidemic highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. Additionally, a focus on the populations [disproportionally impacted](#) by the epidemic is critical to achieving lasting and equitable progress. While [overdose deaths continue to increase](#) among all groups, racial and ethnic minorities, including Black and Indigenous communities are disproportionately impacted. This funding opportunity is meant to increase the capacity of local health departments to meet this challenge.

## II: 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 twenty (20) awards available through this funding opportunity. Each LHD may request up to \$300,000 to support project activities. The project period shall begin upon both parties' full execution of the contract (on or about November 1, 2022) and will end July 31, 2023. Contingent on CDC approving a no cost extension, the project will continue (with a contract modification) to run through January 31, 2024. Applications must be submitted through the [online submission form](#) no later than September 16, 2022, 11:59 E.T. In fairness to all applicants, NACCHO will not accept late submissions.

This will be a fixed-price, deliverables-based contract. LHDs may subcontract with community organizations or other consultants to accomplish the work plan activities. An invoice schedule will be agreed upon by NACCHO and the grantee after notice of their award. All reimbursement will be contingent on receipt of defined deliverables.

Event	Date/Time (All Times E.T.)
Launch RFA	August 17, 2022, at 9:00 AM
Informational Webinar ( <a href="#">register here</a> )	August 29, 2022, at 2:00 PM
Application Submission Deadline	September 16, 2022, at 11:59 PM
Award Notification Date	On or around October 7, 2022
End of Initial Project Period	July 31, 2023
End of Period of Performance	January 31, 2024

Recipients are expected to implement activities that address their community's challenges related to drug overdoses in one or more of the below strategies. There may be a natural overlap amongst the activities proposed under the strategies. Mutual exclusivity is not required, and some proposed activities may be classified under more than one strategy. Applications should strive for [health equity](#) amongst people who use drugs. As defined by CDC: *"Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."* Given the alarming rise in overdose deaths and the urgent need to better track and understand these overdoses, applicants must select surveillance and data sharing as one of their strategies. All activities should be informed by data. While the types and use of data will vary based on the stage of prevention programming, applicants should specify which and how data will be utilized throughout the funding period.

## Strategy Areas:

- **Surveillance and Data Sharing (Required):** Activities should be designed to support or improve data sharing and surveillance to inform overdose prevention and response efforts. Specifically, applicants must propose activities to create or enhance the collection of timely (defined as quarterly) fatal and/or non-fatal overdose data and/or EMS data (defined as bi-weekly). Surveillance efforts include identification of populations and communities disproportionately affected by substance use and overdose. Applicants whose jurisdictions already possess these capabilities must propose activities to improve data linkage and/or data reporting and dissemination. Applicants should describe how these efforts will be used to inform their prevention efforts, including how health disparities, social inequities, and other social determinants of health will be addressed.
- **Linkages to Care:** Proposed activities should aim to identify systems-level strategies in important settings such as the healthcare system (e.g., emergency departments, outpatient settings, community-based programs), substance use treatment, harm reduction facilities, or community education events, etc. to improve the ability of people who use drugs to access ongoing care and social supports. The identification of current barriers and disparities related to care access and retention, as well as strategies to address these factors, should be addressed.
- **Providers and Health Systems Support:** Ensuring clinicians have the tools to manage patients with pain while also addressing and preventing SUD is essential to achieving reductions in overdose-related morbidity and mortality. Clinicians have a key role in prevention, treatment and recovery from SUD, and improving related health disparities. Many clinicians do not feel adequately prepared to treat pain, address substance use disorders, or engage with patients about overdose risk and harm reduction strategies. Without the proper tools and protocols in place to address overdose risk, opportunities for intervention are missed. Evidence-based training and academic detailing strengthen systems of care and are essential components of the interventions conducted within healthcare settings. Ensuring local clinicians are trained and competent to address overdose risk contributes to a healthier community. Applicants proposing provider education to improve prescribing practices must be sure to utilize the most recent [provider guidelines from the CDC](#).
- **Partnerships with Public Safety and First Responders:** Public safety and first responders are populations who commonly engage with people who use drugs (PWUD), making them key partners in effective and equitable prevention and intervention strategies. Important public health/public safety (PH/PS) overdose prevention work includes initiating and/or enhancing response capacity with novel public safety data systems that detect overdose spikes, locate hotspots, and/or identify emerging drug threats. PH/PS partnerships should work with groups disproportionately impacted by overdose and individuals with lived experience to inform appropriate overdose data and information sharing and tailor response strategies and interventions. For the purposes of this funding opportunity, PH/PS overdose prevention and response activities must clearly include public health

and public safety components and directly address overdose or its proximal drivers. Public safety partnerships that incorporate both data and programmatic work are strongly encouraged.

- **Communication Campaigns:** Communication and public education campaigns have the ability to raise awareness about the risks of substance use, fentanyl, and substance use disorder; changes to the drug supply; and/or the availability of resources related to overdose, treatment, peer support and navigation, and naloxone. Campaigns may target the general population or specific subpopulation such as healthcare providers, public safety professionals, emergency medical service professionals, or people who use drugs. Applicants may consider implementation of the CDC's Rx Awareness Campaign ([Rx Awareness \(cdc.gov\)](https://www.cdc.gov/rx-awareness/)), use of the Stop Overdose mini-campaigns from the CDC ([Stop Overdose \(cdc.gov\)](https://www.cdc.gov/stopoverdose/)), or the Beyond Labels campaign.
- **Stigma Reduction:** One major barrier to improving uptake of clinical care and other recovery and harm reduction services is stigma surrounding substance use. Stigma affects every level of the overdose response, and stigmatized attitudes toward substance use can be found in all settings, including the community, among first responders, among PWUDs, and in health care settings. Activities should be culturally responsive and designed to address stigma with the goal of improving engagement, access to services, and retention in care for people who use substances. **This must include addressing stigma at multiple levels of the social ecological model** such as peer networks, families, communities, local organizations and local policy makers. Leveraging peer recovery specialists to address stigma at the individual level is encouraged.
- **Harm Reduction Activities:** Harm reduction is a set of practical strategies and interventions aimed at people who are already engaged in drug use and are critical to prevent death and other negative health outcomes. Applicants should focus on funding harm reduction activities that support populations that disproportionately experience overdose morbidity and mortality or those that are underserved by current harm reduction, prevention, and treatment programs. All harm reduction activities must be within the bounds of federal, state, and local laws and regulations.

Applicants are also encouraged to review [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#) for guiding principles and a general overview of current best practices. Recipients are expected to implement activities that will impact short and intermediate outcomes listed in their own logic models. These activities must include the population(s) of focus and be linked to measurable outcomes, which must be captured in the required logic model 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 this Request for Application (RFA), Section IV.

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 the Injury and Violence Prevention Team at [IVP@naccho.org](mailto:IVP@naccho.org)

Informational Webinar: NACCHO and CDC will host an optional informational webinar on August 29, 2022, at 2:00 pm E.T. to discuss the funding opportunity and respond to questions. Visit [this link](#) to register. Questions may be submitted in advance to [IVP@naccho.org](mailto:IVP@naccho.org). 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 same location by site by September 2, 2022.

### III: Eligibility and Contract Terms

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

- Drug overdose death rate at or above 28.3 per 100,000 or death count equal to or greater than 165.

- Eligible jurisdictions by [rate](#) or [count](#) can be found by following these links. Statistics related to these criteria are drawn from the CDC WONDER database.
- Jurisdictions currently receiving IOPSLL funding or that are directly funded by OD2A are not eligible to apply.
- 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.

If you believe your jurisdiction is missing from the list of eligible applicants or have other questions concerning eligibility, please email [IVP@naccho.org](mailto:IVP@naccho.org).

**Contract Terms:** Agreement with NACCHO standard contract terms and conditions is a requirement. 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](mailto: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 on or around November 1, 2022. 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, 2023. Contingent on CDC approving a no cost extension, the project will continue (with a contract modification) and end on January 31, 2024. 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 Expectations

The selected applicants will be required to conduct specific activities as listed below in addition to implementing their proposed program activities. A scope of work (SOW) will be agreed upon after award acceptance by applicants.

All awardees will be required to conduct the following activities throughout the project period:

- **Award Management and Technical Assistance**
  - Designate one LHD main point of contact with whom NACCHO will directly communicate on all matters related to this project.
  - Work with NACCHO and LHD finance and accounting staff to submit timely invoices and deliverables as outlined in the agreed upon scope of work.
  - 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. These activities include:
    - Monthly check-in calls facilitated by NACCHO and a technical assistance provider 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.
    - Additional TA calls by specialized TA providers to support work plan activities.
    - Monthly peer-to-peer (P2P) learning calls with other awardees. Awarded applicants will be expected to lead one of these meetings to speak about their project work.
    - An in-person meeting in Atlanta, GA in May of 2023 (COVID concerns permitting). NACCHO will support funding for travel and accommodation.
- **Assessment and Evaluation**
  - Participate in evaluation-related activities with NACCHO and CDC to track and measure progress towards expressed outcomes. This will include:

- Developing an evaluation plan and tracking program progress.
    - Completing an Overdose Prevention Capacity Assessment Tool designed to guide IOPSLL recipients in a systematic and objective assessment of their existing capacity to address the overdose epidemic and gauge technical assistance needs. This survey will be taken three times (once at the beginning of the project, once at the mid-point, and again at the end of the project period).
    - Completing a TA satisfaction survey at the end of each year of funding.
    - Participating in an hour interview at the end of the project period with NACCHO’s Research and Evaluation team.
  - Complete the *Health Equity in the Response to Drug Overdose Training*, a 12-module, free online course designed to guide local health practitioners in their integration of foundational health equity concepts and practices into their drug overdose prevention and response efforts.
  - Complete NACCHO’s National Profile of Local Health Departments Survey.
- **Deliverables associated with these activities include:**
    - Recipients will be expected document and evaluate activities during the implementation process. As such, recipients will be expected to:
      - Develop a detailed work plan to expand upon the submitted logic model.
      - Complete the NACCHO provided Overdose Prevention Capacity Assessment Tool (three times as outlined above).
      - Complete the TA Satisfaction survey.
      - Participate in one hour interview with NACCHO’s Research and Evaluation team at the culmination of the project.
      - Complete the online training, [Health Equity in the Response to Drug Overdose](#), and submit the certificate of completion (to be completed by identified project point of contact).
      - Complete and submit monthly Progress Monitoring Reports
      - Develop an evaluation plan with measures associated with the program strategies and activities.
      - Submit an Implementation Progress Report (IPR) intended to reflect information related to implementation and progress of work at the end of the project period.
      - Develop an Evaluation Report (ER) intended to reflect information on the monitoring and evaluation of activities conducted at the end of the project period.
      - Participate in NACCHO’s National Profile of Local Health Departments Survey.

## V: Technical Assistance and Support to Awardees

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

- Schedule and conduct check-in 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. NACCHO will establish relationships with expert contractors to provide ongoing TA and support to awardees.
- Provide evaluation planning and implementation support.

## 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 – this is strictly for your review.

- Submit the application to NACCHO by September 16, 2022, at 11:59 pm ET. Submissions after this deadline will not be considered. Please submit your application using NACCHO's online portal [here](#).
- The application must include the following items to be deemed complete:
  - Project narrative that addresses all domains described in the next section
  - Budget (template provided) and budget narrative
  - Completed attachments
  - The applicant must be registered with the System for Award Management (SAM) and its SAM number. 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](mailto:IVP@naccho.org).

## VII: Application Format and Instructions

All applications will be evaluated for scientific and technical merit.

Applications must:

- Propose a clearly defined substance use, SUD, or overdose prevention strategy that has been identified using the best available data and as defined by the applicant and its partner organizations.
- Select surveillance and data sharing as one of their selected strategy areas.
- Describe plans to implement an evidence-based or evidence-informed program and how it can prevent SUD or drug-related morbidity, mortality, or associated harms.
- Meet the clearly defined needs of the community and align with the strategy selected.
- Propose to specifically address the needs of marginalized demographic groups as it relates to overdose prevention and response. Applications missing this information may not be forwarded for full panel peer review and will not be recommended for funding consideration.

The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by peer review
- Availability of funds
- Relevance of the proposed project to program priorities

The following information must be provided through the online submission platform:

### A. Project Narrative

- **Statement of Need (15%)**
  - Describe the characteristics of your jurisdiction, overdose burden, and population(s) of focus. Include the following:
    - Describe the overdose burden or SUD-related mortality and morbidity.
    - Describe the identified gaps in or barriers to services.
    - Describe the populations in your community that are impacted by the overdose epidemic. Describe how health disparities and social determinants of health are considered in the development, implementation, and evaluation of program-specific efforts.
- **Strategy and Approach (15%)**
  - Describe your overdose prevention program's proposed objectives and goals. Provide a narrative description of your proposed program's interventions and implementation plan.
  - Describe other competitive awards received and any federal funding related to overdose prevention and response received in the last five years. Describe the measured impacts of your

program over the last five years and how this funding will enhance, expand or improve those impacts.

- Describe how you used the best available data to determine and guide your proposed activities. Describe how you will integrate a health equity approach into your proposed activities.
- **Population of Focus (15%)**
  - Describe how your program focuses on populations that are most likely to experience or witness an overdose, including PWUDs (e.g., at SSP, emergency rooms, treatment facilities, recovery programs, infectious disease and mental health clinics, and jails/prisons), first responders (e.g., EMS and law enforcement), and service providers (e.g., peer supporters, harm reduction specialists, and clinicians).
  - Describe how you will ensure services/activities are reaching those disproportionately impacted by substance use and overdose, and how your program is addressing members of the community that have been marginalized, defined as communities excluded from mainstream social, economic, educational, and/or cultural life. Examples include but are not limited to Black/African American, Hispanic/Latinx, American Indian and Alaskan Native populations; members of the LGBTQ+ community, and/or language diverse populations.
  - Describe how you used input from PWUD, people with lived experience (e.g., peers), people in recovery, and/or community partners or community members to inform your programs and services. Describe how your program uses culturally appropriate prevention messages, strategies, and interventions that are tailored for the applicant's community.
- **Collaboration and Partnerships (15%)**
  - Applicants must demonstrate strong, multi-sector collaborations to support their work, including but not limited to community-based organizations; syringe collection and distribution centers; harm reduction facilities or providers; health care providers or health systems; public safety and first responders; and/or other key entities and organizations involved in their work. Describe the extent to which you have working relationships with each partner. Describe the role of each partner and how they work together to plan and implement program(s) by leveraging resources. Include information on any county wide coalitions and existing partnerships in communities disproportionately affected by substance use and overdose, or historically underserved and/or marginalized populations.
  - Include a letter of support from partners. These letters should outline the relationship between the applicant and the partnering program, as well as the role of the partner in the proposed project.
- **LHD Capacity to Implement Approach (10%)**
  - Describe the LHDs' institutional capacity to coordinate, implement, and evaluate proposed activities, including project management, technical, financial, and administrative management capacity. Describe how this funding will impact the LHD's capacity.
  - Describe your capacity and capability to accept and expend project funds within the project period. Describe any contracting, procurement, or hiring practices your organization can/will employ to ensure project funds are expended within the given project period.
  - Identify key staff (those who are essential to carrying out your proposal) and provide sufficient detail to demonstrate knowledge, skills, and abilities to perform the functions required to meet the project goals.
  - Describe other competitive awards received and any federal funding related to overdose prevention and response received in the last five years. Describe the measured impacts of your program over the last five years and how this funding will enhance, expand or improve those impacts.
- **Impact (25% points)**
  - Using the logic model [template](#) provided, describe the short, intermediate and long-term outcomes you intend to achieve with this project. Applicants must depict the relationship between the program activities and intended outcomes as described in the Strategy and Approach.
    - Please refer to the [Logic Model Quick Guide](#) for additional guidance and



information. Recipients are expected to implement activities that will impact short and intermediate outcomes listed in their own logic models.

#### **B. Budget Justification and Narrative (5%)**

- Applicants must provide a detailed line-item budget and narrative justification of the items included in their proposed budget.
- 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 15 months with the understanding that the project would begin on November 1, 2022 and end after an approved extension 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.

#### **C. Additional Required Information**

- Vendor Form
- W-9 Form
- Completed Certification of Non-Debarment
- At least one (1) Letter of Support from any partner organization that is reflected in the project narrative
- Proof of active SAM.gov registration
- Completed FFATA data collection form. (This form will be required for all contracts over \$25,000, but if you are not able to complete the form in time for the application deadline, this form can be submitted up to three weeks after the application deadline.)

Applicants will be notified of their selection status by e-mail to the project point of contact on or about October 7, 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. Contracting will begin immediately after notice of award.

### **VIII: Strategies and Sample Activities**

Recipients are expected to implement activities that address their community's unique challenges related to drug overdoses. The table below provides examples of potential activities that may fall under the strategies outline in the RFA; however, it is not meant in any way to indicate required or recommended activities and is provided only as a reference.

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.

Please note that there may be a natural overlap between the activities proposed under the strategies. Mutual exclusivity is not required, and some proposed activities may be classified under more than one strategy.

#### **Examples of proposed strategies and activities**

### **Surveillance and Data Sharing (Required)**

Data reporting and dissemination. Improve the applicant's ability to share data by creating accessible data sets or developing regular reports that are shared with relevant partners. The focus of this work must be to drive the penetration of overdose statistics among those organizations interacting with people who use drugs.

Example activities:

- Initiate or enhance the collection of timely fatal or non-fatal overdose data and/or EMS data (defined as bi-weekly).

Applicants whose jurisdictions already possess these capabilities may propose activities to improve other aspects of their data management:

- Data linkage. Examples include linking overdose or EMS data with Social Determinants of Health data to identify gaps in resources and treatment.
- Data Equity. Examples include developing equitable data practices. Incorporating the three principles for protecting human subjects from the seminal [Belmont Report](#) to frame ways to make affected communities and groups of people a first-tier consideration throughout the data life cycle—from the first plans to collect data to the time they are destroyed.
- Data sharing. Examples include developing public or partner facing data dashboards.

### **Providers and Health Systems Support**

This strategy focuses on ensuring that providers and health systems are equipped with the science, tools, resources, guidance, and networks to contribute to overdose prevention and response solutions.

Example activities:

- Support guideline implementation, clinical education, and training for providers and health systems.
- Develop and implement academic detailing to increase appropriate and evidence-based practice among providers or initiate support for insurers and health systems to better serve people who use drugs.
- Embed care coordinators within health systems to improve on-site and follow up care.

### **Linkages to Care**

Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community-based programs) or substance use treatment, harm reduction facilities, naloxone education and dissemination events, or public safety departments to support care linkages with improved coordination or integration using technology.

Example activities:

- Utilize case managers to link people to care and wrap around services.
- Support post-overdose outreach programs which include peer supporters who are in recovery and harm reduction information as well as information on accessing treatment
- Enhance policies and programs to strengthen or improve the system's ability to engage people in care (e.g., supporting transportation costs for clients).
- Increase and improve coordination among organizations that provide care or enable linkages to care by establishing and facilitating ongoing case coordination meetings.
- Integrate technology to support linkage to care efforts.

### **Partnerships with Public Safety and First Responders**

Programmatic collaborations across public health and public safety partners to share and leverage prevention and response resources.

Example activities:

- Establishing local overdose fatality reviews (OFRs) to conduct confidential reviews of select overdose death cases and identify agency-level and systems-level gaps, strengths, and opportunities to prevent similar future deaths.
- Anti-stigma training or trauma informed care trainings for public safety or first responders
- Deflection programs or alternatives to incarceration through pre-arrest diversion or pre-trial diversion programs.
- Enhance data sharing across public health and public safety partners, such as law enforcement, first

### **Communication Campaigns**

Communication and public education campaigns that raise awareness about the risks of substance use and address issues surrounding substance use disorder, overdose, disclosure, help seeking/treatment, and naloxone among the public, healthcare providers, public safety professionals, emergency medical service professionals, and others.

Example activities:

- Develop and implement a mass-market communications campaign to share evidence-based messaging about drug use and people who use drugs (e.g., CDC's Rx Awareness Campaign, Stop Overdose mini-campaigns from the CDC, or the Beyond Labels campaign).
- Develop messaging for those who use illicit drugs to enhance their knowledge of the dangers of fentanyl, services and resources available within the community.

### **Stigma Reduction**

Activities to reduce stigma surrounding substance use and substance use disorder that aim to improving engagement, care and support, and retention in care for people who use substances.

Example activities

- Use of peer recovery specialists to improve connection with people who use drugs and increase the provision of treatment and use of harm reduction resources in this population.
- Assessments of the general population of specific subpopulations to establish baseline measures for community stigma.
- Anti-stigma training for public safety or first responders, harm reduction center staff, local health department staff or health system staff
- Address stigma about substance use at multiple levels of social ecology simultaneously through activities such as academic detailing, organization trainings, or other educational opportunities.

### **Harm Reduction Activities**

Harm reduction involves tertiary prevention measures implemented by and for people who are already engaged in drug use, which are designed to minimize or reduce the risks associated with drug use while affirming the humanity and agency of people who use drugs.

- Drug checking programs to determine substances present including distribution of fentanyl test strips
- Partner with harm reduction organizations to serve people who use drugs and their friends and family (i.e., naloxone trainings, support syringe service program efforts, provide educational opportunities)
- Support linking PWUDs to treatment or harm reduction services in partnership with community organizations including jails and prisons

## IX: 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](#)
- Proof of active registration with SAM.gov in accordance with an active DUNS number

## 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:

1. Equipment exceeding \$5,000 per individual item.
2. Naloxone/Narcan
3. Syringes and pipes.
4. HIV/HCV/other STD/STI testing.
5. Drug disposal programs and supplies. This includes Implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
  - a) Syringe collection programs and equipment, however, are allowable.
6. The provision of direct medical/clinical care. Please reach out to NACCHO for clarification on what meets this threshold.
7. Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
8. Direct funding for the provision of substance use treatment.
9. Recipients may not use funds for research.
10. Development of educational materials on safe injection.
11. The primary prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity.
12. The purchase of motor vehicles.
13. Incentives such as food and beverage or gift cards will be reviewed on a case basis and will require the submission of further documentation.
14. 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:
  - a) Procure or obtain,
  - b) Extend or renew a contract to procure or obtain; or
  - c) 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).
    - i. 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).
    - ii. 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

15. Generally, recipients may not use funds to purchase furniture. Any such proposed spending must be clearly identified in the budget.
16. Equipment in excess of \$5,000 per item. These costs are subject to review on a case-by-case basis.
17. 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.
18. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
19. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - o 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.