

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Overdose Prevention and Response Mentorship Program

Request for Application to Become a Mentor

Date of release: November 22, 2019

Applications are due by 8:00 pm ET on December 20, 2019



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), is accepting applications to participate in a new mentorship program with peer local health departments (LHDs) to learn, share experiences, and implement a program related to community overdose prevention and response activities through the *Overdose Prevention and Response Mentorship Program*. This mentorship program is designed to:

- Pair LHDs that have experience in developing overdose prevention or response programs in key strategy areas (see below) with peer LHDs interested in receiving assistance, guidance, tools, and resources to start planning their jurisdiction’s response.
- Spread model and evidence-informed overdose prevention and response practices.
- Establish a network of LHDs that can learn from each other and share tools and resources on overdose prevention and response activities.
- Improve NACCHO and CDC’s understanding of challenges and facilitators in disseminating best practices in the field and identifying needs for planning new programs.

The project period of performance will be from contract execution, (approximately) January 2020 to July 31, 2020. The amount awarded to each selected mentor will be contingent on the number of eligible applications received. NACCHO plans to announce the selected agencies the week of January 6, 2019. Funding estimates for the overall program and for individual projects may change.

Please refer to the following breakdown for the approximate anticipated funding based on the number of mentees applicants are willing to mentor.

Mentoring one (1) mentee: \$50,000

Mentoring two (2) mentees: \$100,000

Mentoring three (3) mentees: \$150,000

Mentors may request one, two, or three mentees. The final number of mentees assigned to a mentor will depend on the number of applications received and the type of mentoring requested.

II. Background

According to the CDC, drug overdose deaths in the U.S. increased by 18% per year from 2014 to 2016. Of the 70,237 drug overdose deaths in 2017, two-thirds involved an opioid.ⁱ Rates of overdose deaths from all psychostimulants have also been climbing since 2010. From 2015 to 2016, rate increases were observed in deaths involving cocaine and psychostimulants with abuse potential, with synthetic opioids (e.g., fentanyl) increasingly being involved in these deaths and used with other opioids, other illicit drugs, benzodiazepines, and alcohol.ⁱⁱ The complex and evolving nature of the overdose epidemic highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach to reduce substance-related morbidity, mortality, and associated harms.

NACCHO’s Mentorship Program is part of an ongoing effort to support LHDs addressing their community’s challenges related to drug overdoses.



Mentor recipients are expected to have expertise and active overdose prevention and/or response programs that address their community's challenges related to drug overdose deaths in one or more of the following categories of work:

- Surveillance
- Integration of Local Prevention Efforts
- Establishing Linkages to Care
- Providers and Health Systems Support
- Partnerships with Public Safety and First Responders
- Empowering Individuals to Make Safer Choices

III. Eligibility

This funding opportunity is open to LHDs with subject matter expertise that meet the following requirements:

- Currently have a program that targets the needs of the community in at least one of the six key strategy areas (surveillance, coordination of local substance misuse efforts, establishing linkages to care, providers and health systems support, public safety partnerships, and empowering individuals to make safer choices). See logic model below in Section IV.
- LHD must have one point person within the opioid/substance misuse program who:
 - Has experience and expertise in one or more of the listed categories;
 - Has at least five years of professional experience at an LHD (including but not limited to overdose prevention or response work);
 - Is willing to dedicate 5-6 hours/month per mentee to program;
 - Is willing and able to travel to the mentee health department or host the mentee for a site visit during the project period; and
 - Has at least 1-2 years of experience in a leadership role (e.g., this person must demonstrate their ability to effectively mentor others).

IV. Project Requirements and Expectations

The project period is up to six 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.

Selected LHDs will:

- Designate one LHD main point of contact to serve as a mentor with whom NACCHO will directly communicate on all matters related to this project.
- Adhere to NACCHO's standard contract language and be able to sign and return the contract to NACCHO within approximately 30 days of receipt. Contractors that cannot agree to NACCHO's contract language should not apply for this initiative. Florida and Texas applicants should email 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.
- Work with the health department mentee to identify the jurisdictional needs and assets into an Assessment Summary Report.



- Assist the mentee site with a project plan to identify initial steps in addressing the needs identified (objectives might include: identify local partners, map existing resources, bring stakeholders together, training for staff or partners, etc.)
- Attend regular conference calls with mentees to check in and discuss progress on mentee program action plan activities. Meeting will be organized by mentee and should be held at least monthly (February-July).
- Travel or host a site visit with mentee(s).
- Complete a final report detailing the successes, challenges, and lessons learned through the mentorship.
- Participate in two individual check-in calls and two mentor-only group 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 mentor, as well as any other stakeholders invited by the awardee.
- Participate in evaluation-related activities with NACCHO and CDC to track and measure progress towards expressed outcomes.

Please refer to [this deliverable schedule](#) for the anticipated invoice periods and cost breakdown. Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing opioidepidemic@naccho.org.

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*.

V. Key Strategy Areas

The eligible categories of work to which LHDs may apply are outlined below; see logic model for example activities. Applicants are required to apply to at least one (1) category of work:

1. Surveillance
2. Coordination of Local Substance Misuse Efforts
3. Establishing Linkages to Care
4. Providers and Health Systems Support
5. Partnerships with Public Safety and First Responders
6. Empowering Individuals to Make Safer Choices

Strategies and activities	Short term outputs/outcomes	Intermediate outcomes	Long-term outcomes
Surveillance			<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner data; Collect and disseminate timely emergency department (ED) data on suspected all drug, all opioid, heroin, and all stimulant overdoses 	<ul style="list-style-type: none"> • Informs LHDs what needs should be met in the community • Helps LHDs keep track of individuals in their jurisdiction 	<ul style="list-style-type: none"> • Provides LHDs with information about needs that need to be met in the community • Provides a framework for future activities and programs 	
Coordination of Local Substance Misuse Efforts			
<ul style="list-style-type: none"> • Coalition building • Partnership or resource mapping 	<ul style="list-style-type: none"> • Creates a network of resources 	<ul style="list-style-type: none"> • More pathways to seek help for providers, community members, and individuals with OUD 	
Establishing Linkages to Care			
<ul style="list-style-type: none"> • 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 • Identify gaps in services available to link individuals to care 	<ul style="list-style-type: none"> • Increased awareness and coordination of linkages to care • Improved access to resources to link individuals to care 	<ul style="list-style-type: none"> • Increased referrals to and engagement in evidence-based treatment 	
Providers and Health Systems Support			
<ul style="list-style-type: none"> • Clinical Education and Training based on evidence-based guidelines (e.g., CDC guidelines) 	<ul style="list-style-type: none"> • Provider, health system, and payer awareness of and supports for guideline concordant opioid prescribing, non-opioid medications, and non-pharmacological treatment 	<ul style="list-style-type: none"> • 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			
<ul style="list-style-type: none"> • Data sharing across public health and public safety partners 	<ul style="list-style-type: none"> • Improved coordination of public health and public safety efforts 	<ul style="list-style-type: none"> • Improved use of evidence-based approaches to prevention, 	

<ul style="list-style-type: none"> • Programmatic collaborations to share and leverage prevention and response resources 	<ul style="list-style-type: none"> • 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 	<p>intervention, and referral to treatment</p>	
Empowering individuals to make safer choices			
<ul style="list-style-type: none"> • Awareness and education informed by media campaigns, translational research for public consumption, and appropriate messaging and resources 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	

VI. Application Process

- 1) Review the requirements and expectations outlined in this RFA.
- 2) Read NACCHO’s [standard contract](#) 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.
- 3) Submit the application as a **Word document** by 8:00 pm ET on Friday, December 20, 2019. Please e-mail the application materials to opioidepidemic@naccho.org. NACCHO will confirm receipt of e-mailed applications. Applications received after the deadline will not be considered. Applications not in the required format and exceeding page limitations will be considered incomplete and not scored.



- 4) The application must not exceed **four pages** (single-spaced, Times New Roman, and 12-point font). The letters of support, and résumé or CV will not count toward the page limit.
- 5) NACCHO will confirm receipt of all applications, however, receipt does not guarantee verification of completeness. All questions may be directed to opioidepidemic@naccho.org.
- 6) Applicants will be notified of their selection status on or around the week of January 6, 2020.

VII. Application

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.

- **Mentor Point of Contact:**
 - Name of LHD
 - Name of Mentor
 - Title of Mentor
 - Email address
 - Mentor primary phone number
 - Mentor résumé or CV
- **Identify how many Mentees you are interested in mentoring:**
 - Mentoring one (1) mentee: \$50,000
 - Mentoring two (2) mentees: \$100,000
 - Mentoring three (3) mentees: \$150,000
- **Identify Key Area(s) of expertise:**
 - Surveillance
 - Coordination of Local Substance Misuse Efforts
 - Establishing Linkages to Care
 - Providers and Health Systems Support
 - Partnerships with Public Safety and First Responders
 - Empowering Individuals to Make Safer Choices
- **Current Work (50%)**
 - Brief description of LHD: location, demographics of population served in your community, and drug overdose burden.
 - Describe your overdose response and prevention work in the key strategy area(s) you identified above. Identify your role, and the role of your health department for each program.
- **Mentor capacity to mentor one or more LHDs (50%)**
 - Describe your experience in the field of public health and overdose prevention and response.
 - Describe your experience in leadership positions and if you have participated in a formal mentorship program in the past.
 - Describe, if applicable, your experience teaching others how to approach work you have implemented in your community.

Not included in page count, but required as a pdf

- One Letter of Support from the Health Director or Administrator as a **PDF** file.



- One Letter of Support from partner organizations or stakeholders as a **PDF** file.
 - One reference letter for POC serving as a mentor (optional) as a **PDF** file.
 - The résumé or CV of the mentor as a **PDF** file.
- **Budget justification**
 - Applicants must complete a budget narrative; form provided. Items that may be included in the request for funds are staff salary and fringe benefits, phone/facsimile, postage, field supplies, travel to relevant trainings or workshops, and contractual fees. Funds cannot be used for the purchase or upkeep of office equipment. Additionally, project funds cannot be used to purchase food or beverages.
 - Please note that the awards are categorized as consultant, disbursed in two invoice periods upon receipt of deliverables. The purpose of the budget narrative is to demonstrate that the applicant has considered appropriate funding needed to accomplish the work it has proposed.
 - When appropriate, applicants should demonstrate ability to expedite contracting, hiring, and procurement processes in order to implement activities identified in the categories of work.
 - **Additionally, please note that travel expenses for mentor or other staff from mentor’s host agency to attend a site visit with the mentee(s) do NOT need to be included in the budget. Costs incurred for the site visit (up to \$1,400 total per site visit) will be reimbursed by NACCHO, separate from the awarded amount to participate in the mentorship program. Program participants that choose to send multiple staff members and/or anticipate spending above the \$1,400 amount to the site visit and/or tentative face-to-face meeting should budget additional travel in their proposed awarded budgets.**

VIII Key Activities and Dates

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

Activity	Date/Deadline for Completion
Application submission deadline	December 20, 2019
Award notification date	Week of January 6
Kickoff webinar	End of January – (date to be determined)
Needs and assets assessment Summary	Early February
Individual check-in call with NACCHO and CDC	February, April, June, 2020
Submit first invoice	February 28, 2020
Mentor sharing sessions	March and May, 2020
Ongoing	Work with mentee to revise program plan
Ongoing	Participate in monthly conference calls with mentee
Submit second invoice	May 29, 2020



Complete site visit	June, 2020
Submit travel expense forms to NACCHO for site visit	Within two weeks of site visit
Submit third invoice	July 31, 2020
Final report due to NACCHO	July 31, 2020
End of period of performance	July 31, 2020

VIII Attachments

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

Required Application Resources

- [Budget Narrative](#)
- NACCHO Standard Contract Language (Member) – [standard contract](#)
- Deliverable schedule – [Mentors](#)

ⁱ Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at <http://wonder.cdc.gov>

ⁱⁱ Other Drugs. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2019. Available at <https://www.cdc.gov/drugoverdose/data/otherdrugs.html>