

NACCHO

National Association of County & City Health Officials

Request for Application

Public Health Public Safety Teams (PHAST) Pilot

National Association of County and City Health Officials (NACCHO)

Applications are due by 11:59 pm E.T. on Wednesday, February 5, 2020

I. Background and Funding Overview

With support from the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO) is pleased to offer a funding opportunity to support collaboration among public health, public safety, and other sectors implementing evidence-based opioid overdose prevention strategies in their community. Cross-sector collaboration will be facilitated using the Public Health and Safety Teams (PHAST) framework being piloted by NACCHO in multiple jurisdictions.

As a leader, partner, catalyst, and voice for the nation’s nearly 3,000 local health departments (LHDs), NACCHO seeks to ensure the conditions that promote health, equity, and security for all people in their communities. Through this funding opportunity, NACCHO will make up to seven (7) awards available to multi-sector collaboratives targeting their efforts to counties, cities, or communities. Each collaborative may request up to \$30,000 to support project activities. The project period will run from the date of contract execution to **July 31, 2020**. **Applications must be submitted no later than February 5, 2020 at 11:59 PM EST**. Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing opioidepidemic@naccho.org.

SCHEDULE OF EVENTS

Please note the following deadlines and events for this application:

Event	Date/Time
Submissions Open	January 8, 2020
Submission Deadline	February 5, 2020 at 11:59 PM EST
Award Notification Date	On or about February 13, 2020
Anticipated Contract Start Date	Date of Notice of Award
Contract End Date	July 31, 2020

II. Project Goal and Scope of Work

The PHAST framework and guidance toolkit were developed in 2019 by the CDC Foundation to assist jurisdictions in reducing opioid overdose deaths. Modeled after New York City’s RxStat initiative, use of PHAST will assist jurisdictions in breaking down silos and fostering innovation by engaging multi-sector partners through a data-driven process to reduce overdose deaths. The goals and strategies of the process are described [here](#).

The purpose of the PHAST toolkit pilot is to assess the extent to which guidance provided in the toolkit is useful to local jurisdictions in enhancing coordination among public health, public safety, and other sectors to implement evidence-based opioid overdose prevention strategies. Using available funds and technical assistance resources from this project, local collaboratives will pilot the PHAST toolkit in their respective communities and implement specific activities to target approaches to better leverage public safety and public health data, identify opportunities for policy and programmatic improvements, and maximize impact in the near term. The pilot will last up to 6 months and will require the following commitment from the

participating jurisdictions:

1. Joint leadership from one public health position (from the city or county health department) and one public safety position (e.g. police chief, sheriff, district attorney) who agree to participate in a multi-sector partnership to reduce overdose deaths.
2. A project coordinator to arrange meetings, develop and distribute agendas, document decisions made at meetings, and follow-up between meetings.
3. Data analyst capability at the health department or contracted to work across agencies (if the latter, a data use agreement will be needed)
4. At least monthly meetings at which multi-sector partners commit to attending or sending an “alternate” representative authorized to represent the partner agency
5. Agreement to use the toolkit and provide feedback to NACCHO on the utility, additional technical assistance or training needs, barriers and facilitators, and recommendations for improvement of content or format.
 - a. NACCHO will be working with an Implementation Science consultant to support the implementation of the PHAST toolkit at each site and to better understand the potential facilitators and barriers to implementation success and sustainability. Selected sites will commit to participating in site visits and regular meetings with the Implementation Science consultant as needed.
 - b. Project evaluation will examine the following three areas: (1) quality of the PHAST toolkit; (2) content learned as a result of the PHAST toolkit; and (3) behaviors and/or activities that were implemented as a result of the PHAST toolkit. The results of the evaluation, the pilot project and lessons learned from the sites will be used to finalize the PHAST toolkit plan which will be broadly disseminated through the NACCHO website and other communication channels to other LHDs. Sites will be asked to evaluate key process measures related to implementation of the PHAST toolkit.
6. Attend an in-person workshop prior to NACCHO’s annual meeting on **July 6th, 2020** in Denver, CO. The in-person workshop will convene community teams consisting of two people, from each selected site. During the workshop, participants will review content provided in the PHAST toolkit and share project outcomes and lessons learned. All travel expenses for the in-person workshop will be covered by NACCHO for up to two people per jurisdiction.

III. Eligibility and Contracts Terms

This funding opportunity is open to jurisdictions with high rates of fatal overdoses, relative to the national or state rate of overdose deaths, and willing to commit to the project activities laid out in Section II. An implementation science consultant will be hired by NACCHO to facilitate and observe sites’ implementation of the PHAST toolkit in their communities.

Applicants must represent a pre-established multi-sector collaborative targeting their efforts to counties, cities, or communities. Collaboration between local public health department and public safety is required.

Selected applicants will be required to identify and designate an agency to enter into a contract with NACCHO for the submission of the deliverables specified in the contract and serve as a fiscal agent for the project. Due to the short timeframe of the project, agreement to contract with NACCHO under its [standard contract terms and conditions](#) is a requirement for selected sites. **No modifications to the terms or contract language will be made.** As part of the application, the contractor/organization 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. **Applicants that cannot agree to this provision should not apply for this initiative.** In addition, selected sites should be able to return a signed contract to NACCHO within approximately 20 calendar days of receiving it (estimated early February) and will be asked to verify this in the application.

IV. Method of Payment

NACCHO will establish a contract with the awarded applicant whereas deliverables will be listed in the recipient contract and payment will be remitted upon submission and acceptance of those items. Each selected site will receive up to \$30,000 to support project goals and travel for up to two team members to the in-person meeting. NACCHO will award funds based on the completion of the program application and the proposed scope of work. NACCHO will pay the selected applicant in two installments of up to \$15,000 each, upon successful completion of the project deliverables as outlined in the scope of work laid out in Section II (by July 31, 2020). Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

V. Application Instructions

- 1) Review the requirements and expectations outlined in this RFA.
- 2) Read NACCHO's [standard contract language](#) and provide a copy to the individual with signing authority for the entity (or entity that would be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices for advanced consideration. Selected applicants must agree to the contract language and be able to sign and return a contract to NACCHO within 20 days of receiving it. **No modifications will be made.**
- 3) Applications must be submitted to NACCHO's Overdose Prevention Team at opioidepidemic@naccho.org by **February 5, at 11:59PM ET**. Submissions after this deadline will not be considered.
- 4) The submitted application package must include:
 - Cover letter.
 - Narrative (**no more than 5 pages**) that addresses the 4 evaluation domains described below (need, readiness/preparedness, willingness to collaborate, and performance management).
 - Joint Letter of Support (LOS).
 - Anticipated budget (template provided).
 - Complete the [Vendor Information Form](#) and [W-9](#).
- 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) Applications should be emailed to opioidepidemic@naccho.org in one e-mail by 11:59 PM ET on February 5, 2020. NACCHO will confirm receipt of application within one business day of submission. Please use the subject line "Public Health Public Safety Teams (PHAST) Pilot RFA." NACCHO will not accept any applications received after the deadline. All applicants will be notified of their status on or about February 13, 2020.

VI. Selection Process

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.

A. Cover Page (this does not count towards the page limit)

- Include a cover page with contact information (name, title, email, phone number) for the person who should be notified about the application, and the name, address, city, and state of the applicant.

B. Evidence of need (20%)

- Description of the public health and public safety impact of the opioid overdose epidemic in the jurisdiction (e.g., fatal and non-fatal overdose rates, trends of concern) and the collaborative's current local response strategies, assets, and known or potential gaps.
- Indicate the collaborative's jurisdiction where response efforts are aimed, including population of area served by this initiative.
- Briefly describe how additional funds would be used to initiate, expand or scale up collaborative activities, including to support unmet staffing costs (e.g., project coordinator, data analysts, evaluator).

C. Readiness/Preparedness (50%)

- Description of current structure/collaborative and roles of entities as they pertain to opioid response activities within the community. Describe the agreed upon collaborative governance structure, roles, and responsibilities.
- Describe the background and current duties of the project coordinator, if the project coordinator is an existing employee of the applicant community. If the project coordinator will be hired post-award, please provide a proposed timeline for hiring.
- Applicants should demonstrate the establishment of a Leadership Team consisting of both public health and public safety leadership and any partners applicants plan to invite to regular PHAST meetings.
- Applicants must provide a joint Letters of Support (LOS) from public health and public safety leadership describing their relationship and how their commitment within the collaborative will successfully support the PHAST toolkit pilot.
- Briefly describe the collaborative's plan for meeting frequency (at least monthly), location, structure, and facilitation protocols.

D. Willingness to collaborate (20%)

- Description of how the current collaborative could benefit from enhanced or additional support and how the PHAST toolkit could service in the development, implementation and evaluation of the collaborative.
- Applicants should list identified and engaged public health and public safety partners, including but not limited to behavioral health, hospital or health systems, harm reduction organizations, and/or other key authorities involved in their collaborative.
- Data sharing capability:
 - On a scale of 1 to 5, with 1 being poor capability and 5 being excellent capability, please rate your collaborative's epidemiologic and other data analytic capability (access, rights, skill set) and briefly describe. Consider [this table](#) for potential data types available across sectors.

- Highlight any currently existing Memoranda of Understanding/Data use agreements.
- Demonstrate willingness to collaborate with CDC, NACCHO, and designated partner or consultant.

E. Performance management (10%)

- Describe agreed upon performance measures that will enable an objective evaluation of the achievement of the collaborative’s shared goal.
- Describe how the collaborative will ensure shared accountability.

F. Budget ([template provided](#))

- Applicants must provide a line item budget, using the template provided, and brief narrative justification of the items included in their proposed budget for up to 6 months. Please note, all travel expenses for the in-person workshop (up to two people per jurisdiction) will be covered by NACCHO. Costs associated with this travel will not be incurred by your agency.
- The purpose of the line-item budget is to demonstrate that the applicant has considered appropriate funding needed to accomplish the proposed work and that the applicant has a reasonable expectation of being able to expend the funds within the given project period. All federal regulations included in [45 CFR 75](#) will be mandated for awardees. Non-allowable expenses are listed below:

Unallowable Costs

- a. Naloxone/Narcan, syringes, fentanyl test strips, harm reduction kits, furniture or equipment (generally, but note that vehicles may be allowable expenses for linkage to care activities). Harm reduction and linkage to care activities are acceptable as long as they are not prohibited purchases.
- b. HIV/HCV/other STD/STI testing.
- c. Drug disposal. This includes Implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
- d. The provision of medical/clinical care.
- e. Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
- f. Research.
- g. Direct funding or expanding the provision of substance abuse treatment.
- h. Development of educational materials on safe injection.

G. Additional Attachments

- Complete and submit the [Vendor Information Form](#) and [W-9](#)

Additionally, geographic distribution and population size will be considered to ensure diversity in sites selected.

Applicants will be notified of their selection status by e-mail to the project point of contact on or around **February 13, 2020**. Selected applicants will be required to confirm participation and agreement with the contract scope of work after receiving a notification. The designated point of contact for selection must be available to receive and respond to the notification in a timely manner.

VII. Attachments

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

- [Anticipated budget.](#)
- NACCHO Standard Contract Language (Member) – [Contract](#)
- Vendor Information Form – [Form](#)
- W-9 – [Form](#)