Request for Proposals

Overdose Response Strategy (ORS) Pilot Projects

2023-2024

Date of release: August 1, 2023

Applications are due by 11:59 pm E.T. on September 5, 2023

Summary Information

Project Title: Overdose Response Strategy (ORS) Pilot Projects
Proposal Due Date and Time: September 5, 2023, at 11:59 pm E.T.
Selection Announcement Date: On or around October 2, 2023
Source of Funding: Centers for Disease Control and Prevention
NOA Award No.:
6 NU38OT000306-05-05
6 NU38OT000306-05-01
6 NU38OT000306-03-01
Maximum Funding Amount: Up to $50,000
Estimated Period of Performance: Upon execution of the contract – July 31, 2024. Projects should plan to end by July 15, 2024, as no cost extensions will not be an option.
Point of Contact for Questions Regarding this Application: Audrey Eisemann (aeisemann@naccho.org) and Bailey McInnes (bmcinnes@naccho.org)
Application Submission: Please submit all applications and supporting materials using the online submission form.

I. Background and Funding Overview

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments (LHDs), which work to protect and improve the health of all people and all communities. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster.

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity to build the evidence base for promising and best practices in overdose prevention at the intersection of public health and public safety in Overdose Response Strategy (ORS) jurisdictions. The ORS is a public health and public safety collaboration between CDC and the Office of National Drug Control Policy's (ONDCP) High Intensity Drug Trafficking Area (HIDTA) program, supporting joint efforts to reduce overdose deaths at the local, state, and regional level. The ORS is implemented by teams made up of Drug Intelligence Officers (DIO) and Public Health Analysts (PHA), who work together on drug overdose issues within and across sectors.

Through this funding opportunity, NACCHO will award up to **seven (7)** applicants in different stages of their response to the overdose epidemic. **Applicants are defined as local organizations/agencies that co-write a project proposal for this funding opportunity with their ORS Team.** Project proposals must address drug overdose prevention strategies that engage both local public health and public safety and will be implemented in collaboration with the ORS team.

As shown below, three types of awards will be available: planning, implementation, and expansion. The project period shall begin upon receipt of the Notice of Award and will end **July 31, 2024**. Applications must be submitted through the online submission form no later than **September 5, 2023 at 11:59 pm E.T. Please note that you will need to create a free MyNACCHO account to access the form.** In fairness to all applicants, NACCHO will not accept late submissions.

Categories of awards; all awards have a maximum funding amount of $50,000

Projects can be funded for a maximum of five years across all categories. After five years of funding, individual projects will be ineligible for additional ORS Pilot Projects funding, but organizations may apply for funding for a new project.

A. **Planning Award:** Up to $50,000 each – Proposals should describe how the applicant will begin planning a project that integrates public health and public safety to reduce overdose deaths and promote harm reduction. Applicants should apply with the intent of engaging public health, public safety, and people with lived/living experience in the planning process.
B. **Implementation Award:** Up to $50,000 each – Proposals should describe how funds will be used to implement project activities and clearly illustrate that the project planning stage is complete. Proposals should demonstrate that relevant partners are engaged to start program activities. Applicants should apply with the intent of engaging public health, public safety, and people with lived/living experience in the implementation process.
C. **Expansion Award:** Up to $50,000 each – Eligibility is restricted to recipients that received the ORS Pilot Project, Implementation or Expansion Award, in 2022-2023. Proposals should describe how funds will be used to scale up a piece of the project. Expansion does not necessarily require significant project changes. Examples of ways previous expansion projects have scaled up include adding additional partnerships/referral sources, expanding services to additional areas or jurisdictions, adapting in-person curricula to a virtual environment, etc. Applicants should apply with the intent of engaging public health, public safety, and people with lived/living experience in the expansion process.

Applications are due **by 11:59 pm E.T. on September 5, 2023.** The applicant must designate one main point of contact to submit the application and communicate directly with NACCHO subsequently. **The main point of contact cannot be the PHA or DIO.** Applicants will be notified of their selection status by e-mail to the project point of contact on or **around October 2, 2023.** All necessary information regarding the project and application process may be found below. All questions should be sent via email to Audrey Eisemann (aeisemann@naccho.org) and Bailey McInnes (bmcinnes@naccho.org) and will be reviewed by NACCHO and CDC staff.

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

Event	Date/Time
Application Submission Deadline	September 5, 2023, at 11:59 pm E.T.
Award Notification Date	On or around October 2, 2023
End of Period of Performance	July 31, 2024

II. Eligibility and Contract Terms

Eligibility requirements: Applicants are defined as local organizations/agencies that co-write a project proposal for this funding opportunity with their ORS Team. To be considered eligible for this funding opportunity, applicants must:

- Target their pilot projects at the local and community level;
- Demonstrate cross-sector collaboration with a public health partner (e.g., hospital or health system, harm reduction organization, public health department, behavioral health provider) and public safety partner (e.g., EMS, fire, law enforcement, corrections, parole and probation, courts). **The DIO cannot be the only public safety partner involved**;
- Commit to jointly implementing the project as a public health, public safety, and ORS Team collaboration. **The PHA and/or DIO cannot be the primary applicant but should be involved in the application process;** and
- **No more than 1 award will be given per ORS team.**

*__ORS Team participation in the pilot project is a requirement__ of the award and requires a time commitment of about three to five hours per week on average from the team throughout the period of performance. Examples of ORS Team involvement include, but are not limited to:

- Helping design the proposed project;
- Identifying relevant partners;
- Participating in technical assistance calls;
- Connecting project partners to existing relevant work in the state
- Helping draft, review, or revise deliverables and other project related documents
- Conducting background research needed for project activities;
- Collecting and/or analyzing qualitative and/or quantitative data;
- Facilitating partnerships with other agencies and organizations

Contract terms: 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. NACCHO expects the applicant to review and agree to the NACCHO standard contract language. **However, if the applicant knows in advance that their agency or organization is going to have difficulty accepting any of the provisions in the contract, submit the requested revisions with your application materials.** Applicants from Florida or Texas should contact NACCHO immediately for a copy of the Florida or Texas standard contract.

NACCHO will establish a fee-for-service 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; see section IV for the deliverable schedule.

III. Priority Activities

Priority will be given to applications that clearly describe how the project will:

- Meaningfully engage and appropriately compensate people with lived and living experience in planning (e.g., through focus groups or advisory boards), implementation, and evaluation activities. See the Spectrum of Community Engagement to Ownership for insight into meaningfully engaging people with lived/living experience.
    - *It is important to consider engaging with people with both lived and living experience to be able to share their perspectives. The drug supply has changed significantly in recent years, so while people in long-term recovery have important insight to share, they may have a very different experience and insight as compared to people who currently use drugs. Additionally, it is important to consider intersecting identities and experiences and how that influences the insight of people with lived/living experience. People who use(d) drugs who have also been incarcerated, diagnosed with a mental illness, experienced homelessness, etc. often have key insight into ways in which programs and policies need to be adapted to meet complex and interconnected needs.*
- Prioritize populations historically neglected and disproportionately impacted by the overdose epidemic.
- Apply a health equity lens or approach to public health/public safety interventions. Applicants may consider applying frameworks, like the social-ecological model, WHO Conceptual Framework on social determinants of health and/or other health equity concepts, to address health equity within the implementation and evaluation of the proposed pilot project.
- NACCHO prioritizes funding to projects that can clearly demonstrate a commitment to advancing a harm reduction approach in their work.

Proposed ideas under the planning and implementation award categories should focus on strategies that allow jurisdictions to respond to needs and priorities of people who use drugs, emerging drug trends, and/or address a notable gap in the jurisdiction's overdose prevention programming. Common public health and public safety collaborations are listed in Appendix A.

Proposed pilot project ideas and activities should not duplicate activities/efforts taking place under CDC's Overdose Data to Action (OD2A) Cooperative Agreement in that jurisdiction. All projects described that include group activities or interaction with the public must adhere to CDC recommended safety protocols including local COVID-19 policies.

IV. Project Requirements and Expectations

Scope of Work

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

- Attend a project kick-off call.
- Complete the ORS Pilot technical assistance needs assessment to identify common needs for training and support
- Participate in monthly technical assistance calls with NACCHO, CDC, and other partners to discuss program progress, successes, and challenges.
- Include populations of interest (e.g., populations with lived/living experience, populations disproportionately impacted, program participants) in the development, implementation, and evaluation of activities and strategies.
- Develop evaluation questions and an evaluation plan using the ORS templates.
    - *Evaluation technical assistance will be provided based on need of awardees. It is **not** expected that awardees have existing evaluation expertise or bring on an evaluation partner.*
- Develop a detailed implementation plan or protocol* that describes the pilot project activities and the implementation process.
- Develop a final report describing accomplishments, success stories, project findings, and future directions of the pilot.
- Share project documents (e.g. surveys, interview guides, communication materials) with NACCHO & CDC staff for the opportunity to provide feedback. NACCHO must approve all surveys, focus group guides, and key informant interview guides and will provide feedback or approval within one week of receiving them.

The following outlines the deliverables to be produced by each awardee; however, a finalized scope of work will be agreed upon post awardee selection.

Invoice number	Primary Task/Deliverable	Payment Schedule
Invoice 1	1a. Technical Assistance needs-assessment. (1.1)	5% of funding
	1b. Goals and objectives (1.2)	10% of funding
Invoice 2	2a. Logic model or environmental scan, to be determined in consultation with CDC, NACCHO, and the awardee (2.1)	15% of funding
Invoice 3	3a. Engagement of people with lived/living experience in project planning, implementation, and/or evaluation. Submit documentation of engagement strategy such as, focus group guides, survey questions, key informant interview guide, or other similar documentation that is agreed upon between the awardee and NACCHO. (3.1)**	15% of funding
Invoice 4	4a. Implementation protocol, standard operating procedures, curriculum/training materials, or other identified deliverable agreed upon	20% of funding

	between CDC, NACCHO, and awardee that depicts how the program operates* (4.1)	
Invoice 5	5a. Evaluation Plan (5.1)	20% of funding.
Invoice 6	6a. Completion of CDC and NACCHO project survey. (6.1)	5% of funding
	6b. Complete end of project report to articulate results/findings, challenges, lessons learned, successes, and future directions. Include final workplan. (6.2)	10% of funding

Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

*Implementation protocols will be defined based on the project and will be determined in conversation with NACCHO, CDC, and awarded applicant. For example, a post-overdose outreach program might have a standard operating procedure, whereas an overdose education and naloxone distribution program might have a curriculum to meet this requirement.
** Site-specific deliverable related to engagement of people with lived/living experience to be determined in conversation with NACCHO, CDC, and awarded applicant.

V. Support and Technical Assistance

NACCHO and CDC will work closely with award recipients at each site to develop, implement, and evaluate their pilot project. The NACCHO and CDC staff assigned to each recipient will:

- Review and provide feedback on the deliverables
- Review and provide feedback for any project documents (e.g. interview guides, surveys, standard operating procedures, communication materials)
- Problem-solve with the recipients and partners on any challenges that arise during the project period
- Share relevant resources and trainings
- Link recipients to similar programs and partners to facilitate networking and information sharing
- Based on the findings of an initial technical assistance needs assessment, additional learning opportunities may be provided on topics such as health equity, building multi-sector partnerships, program evaluation, etc.

Application Instructions

To apply for this funding opportunity:

- Review the requirements and expectations outlined in this RFP.
- Review NACCHO's standard contract language.
- Complete the online submission form by **11:59 pm E.T. on September 5, 2023**.
  - Applicants will need to make a free MyNACCHO account to access the application.
  - 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.
- All questions may be directed to both Audrey Eisemann at aeisemann@naccho.org and Bailey McInnes at bmcinnes@naccho.org.

Applicants will be notified of their selection status by e-mail to the project point of contact **on or around October 2, 2023**. 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.

VI. 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.

Please review the CDC guide, *Preferred Terms for Select Population Groups & Communities*, for information on adjusting language to be less stigmatizing. Specifically, sections on substance use and corrections & detention terminology that applicants may find helpful in choosing language in the narrative sections of the application.

1. Pilot Project Proposal (40%)

Note: Not all reviewers will be staff who have closely worked on the ORS Pilot Projects, so we strongly suggest that you do not make assumptions that the reviewers will be familiar with your project.

A. Describe the proposed idea or intervention, including the following (details to be provided in the workplan):
   - Program Goal(s)
   - Proposed activities and/or services provided (examples of activities for a planning project include but are not limited to key informant interviews, developing memorandum's of understanding (MOUs) between partners, and listening sessions with collaborators and community member, etc.)

Note: As part of the review process, NACCHO and CDC may request that the applicant provide additional evidence that the proposed project shows promise to reduce overdoses and/or does not have the potential to increase health disparities or have unintended harmful consequences.

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B. Submit a work plan describing how you plan to implement activities that will impact short and intermediate outcomes in the RFA. The work plan should include program goals, S.M.A.R.T.I.E. objectives, and activities and a timeline with a month-by-month description of key tasks and milestones for project completion, and specific deliverables through July 31, 2024. Please use the workplan template provided.

Note: You do not need to add the NACCHO deliverables (development of evaluation plan, implementation plan, drafting of final report, etc. into your workplan, these should just be activities that are specific to your project.

2. Community Context (40%)

A. Describe the overdose burden in the target jurisdiction include relevant background and community context. Additionally, describe identified community needs and gaps in current services for overdose prevention, which the proposed pilot activities will address.

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B. Describe the populations impacted by the epidemic in the target jurisdiction (including, populations that are disproportionately affected by substance use-related harms or historically underserved). *Please note there is a difference between disproportionately affected and people who are underserved by services and resources.*

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C. Describe how the proposed idea or intervention will work to achieve equitable health outcomes and consider relevant social determinants of health.

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D. Describe how you will work with people with lived and living experience. It is recommended to engage multiple people with a diverse set of experiences with substance use, recovery, incarceration, etc. See the Spectrum of Community Engagement to Ownership for insight into meaningfully engaging people with lived/living experience.

It is **strongly suggested** that any activities that solicit input from people with lived/living experience compensate those individuals for their time. If you plan to use ORS Pilot Projects funding to compensate people with lived/living experience, please include that as a line item in your budget and budget narrative. If you do not include this in the budget for this project but plan to use other funding sources to compensate people with lived/living experience, please indicate so in this narrative section.

Note: The drug supply has changed significantly in recent years, so while people in long-term recovery have important insight to share, they may have a very different experience and insight as compared to people who currently use drugs. Additionally, it is important to consider intersecting identities and experiences and how that influences the insight of people with lived/living experience. People who use(d) drugs who have also been incarcerated, diagnosed with a mental illness, experienced homelessness, etc. often have key insight into ways in which programs and policies need to be adapted to meet complex and interconnected needs.

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3. Applicant Information and Implementing Capacity (20%)

A. Describe partners involved and the role(s) of each partner. At a minimum should describe the public health partner, public safety partner, and ORS Team named above.
- Define the public health partner (e.g., hospital or health system, harm reduction organization, public health department, behavioral health provider) and public safety partner (e.g., EMS, fire, corrections, parole and probation, courts).
- Briefly describe any past or ongoing collaboration between the collaborating team (public health, public safety, ORS Team, etc.) and respective roles on those initiatives.
- Describe the agreed upon roles and responsibilities for this proposed project and plan to collaborate on this initiative. Specify and list the contributions of the ORS Team, public health partner, and public safety partner.

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B. Describe how the project proposal aligns with harm reduction principles and/or existing harm reduction efforts in the community.

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Applicants are required to provide resumes or curriculum vitae of all key pilot project staff (those who are essential to this public health/public safety/ORS collaboration and to carrying out your project proposal), highlighting relevant knowledge, expertise/qualifications, and experience.

Applicants are required to provide Letters of Support (LOS) describing their public health/public safety partnership and demonstrate that the proposed collaborators commit to the application and agree to regular meetings to support and coordinate activities. **Do not include LOS from the ORS Team or ORS Program leadership.**

4. Budget (not scored)

A. **Budget and Budget Narrative** (templates provided)

- 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 approximately 9 months with the understanding that the project will end on July 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 B.
- Include a budget narrative (one page) to explain each line-item and how the amounts were derived.
    - 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 and Indirect Rates: Provide a breakdown of the amounts and percentages that comprise each component of fringe benefit costs such as health insurance, etc. We require a copy of your federally approved rate for our records. If your rate isn't federally approved, please provide a signed letter on letterhead that provides a detailed breakdown and allocation for expenses incorporated as the indirect rate in your budget. Note: If your organization charges an indirect cost recovery rate greater than 10%, additional documentation will be required justifying the rate and showing a breakdown of what goes into the pool. If you use the 10% de minimis rate, no additional documentation is needed.
    - 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.
    - If you wish to include incentives in your project, please include them in your budget and specify the type being requested (e.g. gift cards), along with a justification form

for how this is necessary to support your project's goals in the budget narrative.

VII. Attachments

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

- Application Form (please note you will need to create a free MyNACCHO account to access this)
- Anticipated work plan
- NACCHO Standard Contract Language – standard contract language
  - *Please note that submission of a proposal is a statement of acceptance of NACCHO's standard form contract. If any items cannot be accepted, these issues should be noted in track changes/comments on the standard contract language as an attachment to your proposal.*
- Required: Complete and submit the Budget and Budget Narrative templates
- Required: Complete and submit the Vendor Information Form
- Required: Complete and submit the Certification of Non-Debarment
- Required: Submit a W-9

- Required: Proof of active registration with SAM.gov in accordance with UEI number. **If you do not have an active SAM.gov registration it is recommended that you start the registration process ASAP. If your registration will expire before December 31, 2023, please start the renewal process ASAP.** NACCHO cannot fully execute a contract without an active registration.

- Federally approved indirect/fringe rate or a signed letter on letterhead that provides a detailed breakdown and allocation for expenses incorporated as the indirect rate in your budget (as applicable)
- Required for applications of $30,000: FFATA form (if you are not able to complete this by the application deadline, you may submit it one week after you have been selected).

APPENDIX A

Examples of Public Health and Public Safety Collaborations

Below reflects common examples of public safety and public health collaborative efforts broken down by type of partner, and delineating key suggested roles and responsibilities of public health or harm reduction and public safety partners. Public health and public safety partnerships are important because they leverage significant cross-sector strengths and resources. They are most effective when partners share some responsibilities and divide up others based on their respective areas of influence and expertise. Please take into consideration the following information when reviewing this list:

- The relationship between public safety and the community must be considered when determining partner roles and responsibilities. For example, in communities where this relationship has been uneasy, the public safety partner may need to avoid roles that involve direct service, such as outreach or care coordination.
- These suggested roles and responsibilities may not fit the needs of every community or the strengths and resources of every applicant. Applicants may adapt them as needed.
- This list is not exhaustive. It does not include every possible project. For the projects listed, it does not cover all involved responsibilities. Partners will each have program specific roles and responsibilities, as well as crosscutting project activities such as developing standard operating procedures (SOPs), developing training, etc.
- Refer to Appendix B for unallowable expenses when determining the project that they will propose.

First Responder and Public Health Partnerships		
	First Responder Role	**Public Health/Harm Reduction/Community Partner Role**
Post-Overdose Outreach **It is strongly recommended that programs intending to plan, implement, or enhance, post-overdose outreach programs align their program with the best practice guidance from the PRONTO study.*	• Collect and share data about overdose events • Establish privacy protections and informed consent procedures for data collection, storage, and use • Refer individuals to peer support and/or community partners	• Conduct outreach to individuals • Develop individualized, person-centered goals based on the stated needs and priorities of the participant • Provide individuals with support, resources, and linkages to care • Provide people who use drugs and others likely to witness overdose with naloxone kits
Diversion/Deflection Programs **It is strongly recommended that any diversion/deflection program embraces harm reduction and is as low barrier and non-coercive as possible, such as the Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity program. Making treatment compulsory has consistently been shown to be less effective in the long-term than when it is voluntary.*[i]	• Identify individuals for diversion • Refer individuals to peer support and/or community partners	• Conduct intakes and follow up • Develop individualized goals based on the stated needs and priorities of the participant • Provide support and resources for participants to meet goals
Naloxone Leave-Behind Programs	• Provision of naloxone supply	• Provision of naloxone supply

	• Collect and share data about overdose hot spots • Provide community members and people who use drugs with naloxone kits	• Provide training to community members and people who use drugs on overdose prevention • Provide community members and people who use drugs with naloxone kits
Drug Checking Programs	• Validate test results with drug seizure data • Share drug seizure data with public health/community partners in a timely manner • Alert partners to drug trends or detection of new substances • Make drug checking technology available to public health/community partners • Provide training on how to use drug checking technology • Create MOU/memo reflecting support of program in the community	• Provide or coordinate with harm reduction partners to provide drug checking services to people who use drugs • Provide people who use drugs with fentanyl test strips, xylazine test strips, naloxone, and information on safer use strategies • Share data about drug trends with the community • Issue drug alerts

Prosecutor/Court/Parole/Probation and Public Health Partnerships		
	Prosecutor/Court Role	**Public Health/Harm Reduction/Community Partner Role**
Diversion Programs **It is strongly recommended that diversion/deflection programs be voluntary, low-barrier, and harm reduction-oriented. Making treatment compulsory has consistently been shown to be less effective in the long-term.*[i]	• Provide referrals to peers/community partners	• Conduct intakes and follow up sessions • Develop individualized goals plans based on the stated needs and priorities of the participant • Provide support and resources for participants to meet goals
Integrating Peer Support Services	• Provide referrals to peers/community partners • Develop MOU/memo or SOP to show support for peers and develop buy-in among key system leaders and partners	• Conduct intakes and follow up sessions • Develop individualized plans based on the stated needs and priorities of people who use drugs • Provide support to peers to avoid secondary trauma and burnout

Jail/Prison and Public Health Partnerships		
	Jail/Prison Role	**Public Health/Harm Reduction/Community Partner Role**
Overdose Education and Naloxone Distribution	• Naloxone supply • Facilitate access to staff for training • Facilitate access to people are incarcerated for training • Advertise trainings	• Conduct training for correctional staff and people who are incarcerated • Provide public safety staff with naloxone kits if they do not otherwise have access

	• Coordinate access to naloxone kits for staff and people who are incarcerated	• Provide people who are incarcerated with naloxone kits while incarcerated and/or at reentry
Re-entry planning	• Facilitate re-entry planning for people who are incarcerated • Communicate predicted release times as soon as possible • Allow access to facility for re-entry planning purposes	• Conduct intakes and follow up sessions • Develop individualized plans based on the stated needs and priorities of people who use drugs • Establish partnerships with MOUD treatment providers and pharmacists • Provide warm handoffs to MOUD, harm reduction, or other services upon reentry
Integrating Peer Support Services	• Provide referrals to peers/community partners • Develop MOU/memo or SOP to show support for peers and develop buy-in among key system leaders and partners	• Conduct intakes and follow up sessions • Develop individualized plans based on the stated needs and priorities of people who use drugs • Provide warm handoffs to MOUD, harm reduction, or other services upon reentry • Provide support to peers to avoid secondary trauma and burnout

Other Partnerships and Multi-Partner Collaborations		
	Public Safety Role	**Public Health/Harm Reduction/Community Partner Role**
Stigma Reduction	• Facilitate access to staff for anti-stigma training • Make existing policies, protocols, and trainings available for review to identify opportunities to reduce stigma • Identify champions to help reinforce anti-stigma practices • Build relationships with community partners	• Develop and implement anti-stigma trainings • Work with community to develop culturally relevant anti-stigma narratives
Linkage to and Retention in Care	• Provide referrals to peers/community-based organizations for harm reduction, treatment and supportive services, and any other needs	• Facilitate access to harm reduction, treatment, and supportive services • Establish partnerships with MOUD treatment providers and pharmacies • Develop individualized plans based on the stated needs and priorities of people who use drugs

Overdose Education and Naloxone Distribution	• Supply naloxone • Provide data to identify overdose hot spots • Facilitate access to staff for training	• Supply naloxone to public safety staff and the community • Conduct training with public safety staff and the community
OFR-PHAST **Overdose Fatality Review** **and** **PHAST (Public Health and Safety Team)**	• Champion OFR-PHAST development and planning • Provide and present relevant data to establish a community shared understanding • Develop MOUs for partnership and agreements to facilitate data-sharing • Participate in data-to-action discussion, case reviews, and develop recommendations. • Implement program/policy recommendations • Public Safety Partner Roles	• Champion OFR-PHAST development and planning • Provide and present relevant data to establish a community shared understanding • Develop MOUs for partnership and agreements to facilitate data-sharing • Participate in data-to-action discussion, case reviews, and develop recommendations. • Implement program/policy recommendations • Public Health Partner Roles
TI-ROSC (Trauma-informed, Recovery-oriented Systems of Care)	• Participate in TI-ROSC development and implementation meetings • Participate in TI-ROSC assessments and readiness tools • Participate in TI-ROSC project team training and education • Identify staff training needs and facilitate access to staff for training • Identify primary, secondary, and tertiary interventions based on gaps and needs • Develop and revise policies and protocols based on gaps and needs	• Participate in TI-ROSC development and implementation meetings • Participate in TI-ROSC assessments and readiness tools • Participate in TI-ROSC project team training and education • Identify staff training needs and facilitate access to staff for training • Develop and adapt culturally relevant program training based on identified gaps and needs • Identify primary, secondary, and tertiary interventions based on gaps and needs • Develop and revise policies and protocols based on gaps and needs

PS-COPE (Public Safety-led Community-oriented Overdose Prevention Efforts)	• Participate in PS-COPE development and implementation meetings • Participate in PS-COPE assessments and readiness tools • Participate in PS-COPE project team training and education • Identify staff training needs and facilitate access to staff for training • Identify primary, secondary, and tertiary interventions based on gaps and needs • Develop and revise policies and protocols based on gaps and needs	• Participate in PS-COPE development and implementation meetings • Participate in PS-COPE assessments and readiness tools • Participate in PS-COPE project team training and education • Identify staff training needs and facilitate access to staff for training • Develop and adapt culturally relevant program training based on identified gaps and needs • Identify primary, secondary, and tertiary interventions based on gaps and needs • Develop and revise policies and protocols based on gaps and needs
Syringe Services Programs	• Supplement naloxone supply • Promote access to syringe services programs • Create MOU/memo reflecting support of program in the community • Minimize public safety presence around syringe services programs to allow for maximum access to services	• Provision of naloxone supply • Provide safer use supplies to people who use drugs • Provides resources and referrals to people who use drugs • Develop individualized plans based on the stated needs and priorities of people who use drugs • Establish partnerships with MOUD treatment providers • Provide people who use drugs with fentanyl test strips, xylazine test strips, and information on safer use strategies
Community Advisory Board (CAB) **When developing a CAB, it is important to consider engaging with people with both lived and living experience to be able to share their perspectives.*	• Create MOU/memo reflecting support of program in the community • Share policies, protocols, trainings, etc. to community advisory for review and feedback • Identify funding for compensation for CAB members	• Create MOU/memo reflecting support of program in the community • Provide policies, protocols, trainings, etc. to community advisory for review and feedback • Identify funding for compensation for CAB members • Support development and implementation of CAB • Coordinate with harm reduction organizations, local overdose prevention coalitions and committees, and other behavioral health and community-based partners to recruit members for the CAB

APPENDIX B

List of Unallowable Activities and Expenditures

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 CDC determine applicant's proposed cost as unallowable. Restrictions that must be considered while planning the programs and writing the budget:

1. Activities related to harm reduction:
    a. Establish a new Syringe Services Program (SSPs)
    b. Infrastructure costs for SSPs except when contributing to co-location of treatment (funds may be used for additional expenses associated with co-location)
    c. Provision of equipment solely intended for illegal drug use, such as syringes, cookers/spoons, syringes, and pipes
    d. Procurement of other equipment solely intended for preparing drugs for illegal drug injection, such as sterile water, filters, tourniquets, razors, straws, plastic cards, and tiny spoons
    e. Safe injection sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education) and developing educational outreach and guidance or materials (including mass media, print, digital, or other) about supervised injection facilities
    f. Purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes
    g. Purchasing basic food, health, or personal items if not intended to support outreach or engage individuals in venue-based programs (e.g., meal or grocery cards, first aid kits, hygiene items, clothes, etc.)
    h. Pharmacy voucher program that provides participants with vouchers redeemable for free syringes at participating pharmacies
2. Activities related to public health/public safety:
    a. Drug disposal, including the implementation or expansion of drug disposal programs, drug take back programs, drug drop boxes, and drug disposal bags
    b. Purchase of handheld drug testing machines such as TruNarc, Fourier-transform infrared (FTIR) machines, or HPMS machines for the purposes of reducing possible law enforcement exposure to fentanyl
    c. Public safety activities that do not include overlap/collaboration with public health partners and objectives
3. Activities related to health systems:
    a. Purchasing, leasing, or renting equipment intended to help EMS and other clinicians treat and manage overdose
    b. Provision of SUD treatment that includes MOUD and the purchase of medications such as Methadone, Buprenorphine, and Naltrexone
    c. Directly funding or expanding the provision of substance use treatment
    d. Paying for fees associated with clinicians obtaining waived status for DATA waivers. This applies to direct reimbursements, contracts and waiver fees.
    e. Financial incentives to encourage clinicians to participate in educational sessions and training activities (e.g., participation in academic detailing, attending seminars, completion of post session surveys)
    f. Paying for the following services (only referral or linkage to them is allowed):
        i. Treatment for substance use disorder (MOUD)
        ii. Behavioral therapy (e.g., cognitive behavioral therapy)

iii. Housing assistance
iv. Food assistance
v. Medical care
vi. Specialized clinical care, if indicated, such as pain management

4. 4. Other generalized, unallowable activities
    a. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention
    b. Childcare and childcare-related purchases (e.g. pack-n-play)
    c. Furniture or equipment (purchase or leasing vehicles may be allowable expenses for linkage to care activities)
    d. Research
    e. Prevention of Adverse Childhood Experiences (ACEs) as a standalone activity Funding cannot be used to directly fund or expand the direct provision of substance use disorder treatment programs. Such activities are outside the scope of this NOFO.

Funding must also not duplicate or overlap with resources provided under other federal funding sources or CDC mechanisms, including – but not limited to - Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC), Data Modernization Initiative (DMI), and efforts to strengthen the overall U.S. public health infrastructure, workforce, and data systems (i.e., CDC-RFA-OE22-2203)

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[i] CDC. (2018). Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf Leukefeld, C. G. & Tims, F. M. (1988). Compulsory treatment: a review of findings. National Institute on Drug Abuse Research Monograph Series, 86, 236-251.
Beletsky, L., Parmet, W. E., & Sarpatwari, A. (2016, February 11). Expanding Coercive Treatment is the Wrong Solution for the Opioid Crisis (updated). Health Affairs Blog.
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