

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Request for Proposals: Sustaining Peers in Emergency Departments (SPED)

Date of release: February 8, 2023

Applications are due by 11:59 PM E.T. on March 6, 2023



NACCHO

NACCHO is the voice of the approximately 2,800 local health departments (LHDs) across the country. These city, county, metropolitan, district, and Tribal departments 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. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities

Summary Information

Project Title: Sustaining Peers in Emergency Departments (SPED)

Proposal Due Date and Time: 03/06/23

Selection Announcement Date: On or around 03/20/23

Source of Funding: Centers for Disease Control and Prevention

NOA Award No.: 5 NU38OT000306-03-00

Maximum Funding Amount: Up to \$300,000

Estimated Period of Performance: April 1, 2023 – March 31, 2024

Point of Contact for Questions: Overdose, Injury, and Violence Prevention Team (IVP@naccho.org)

Link to Application Portal: [LINK](#)

Please note that to gain access to the submission portal, applicants will need to create a NACCHO.org account if they do not already have one.

I: Background

Drug overdose deaths continue to increase in the United States, rising to a record high of 92,183 in 2020ⁱ, in large part fueled by rapid increases in fentanyl-related fatalities. Unfortunately, in 2018, the CDC estimated that fewer than 20% of individuals needing care for substance use disorder received any treatment at all.ⁱⁱ Medication for opioid use disorder (MOUD) treatment and community recovery and/or harm reduction services are critical components of a comprehensive response to the overdose crisis.

One major barrier to the uptake of these services is limited success in fully leveraging emergency departments (EDs) as a mechanism for increasing access to MOUD, other treatment, and harm reduction supplies and resources for people who use drugs. One method of increasing the success of care and support provide in the ED is the use of Peer Recovery Specialists (PRS). In the context of overdose prevention, a peer recovery specialist is a person with lived experience of substance use disorder who has been trained to support those who struggle with mental health, psychological trauma, or substance use. This lived experience allows them to develop connection and trust with patients and to serve as powerful advocates for appropriate and effective care. Studies into their work in the context of SUD treatment have demonstrated effectiveness in improving linkages to treatment and medical outcomes for people who use drugs (PWUD).^{iii,iv,v,vi} Despite this evidence of their effectiveness, PRS/ED programs can face challenges sustaining funding or expanding beyond pilot locations.

The National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC), is accepting applications for the Sustaining Peers in Emergency Departments (SPED) program. The goal of the SPED program is to increase the capacity of local health department to sustain and expand ED-based PRS programs that are providing warm handoffs and supporting continued access to MOUD, harm reduction, and other



ongoing care for PWUD. This funding will also serve to build the evidence base for PRS-led LD interventions and will provide support for grantees’ future sustainability planning.

II: Eligibility and Funding Opportunity Overview

NACCHO will provide \$300,000 in funding to up to five (5) LHDs to sustain or expand a program to screen patients presenting in the ED for substance use and pair eligible patients with a PRS to assess the appropriateness of MOUD, other treatment, and harm reduction services and resources.

This funding opportunity is open to all LHDs. LHDs serving jurisdictions with an age-adjusted unintentional drug overdose death rate at or above the national average of **28.3 per 100,000** will be prioritized in funding decisions, but all applicants that present a compelling statement of need will be considered. Priority jurisdictions are listed [here](#) and are based on 2020 statistics from the CDC WONDER database.

This funding is not available for jurisdictions looking to stand-up a new program to embed a PRS in an emergency department. Technical assistance will be limited in scope - jurisdictions must already have a PRS/ED program that they wish to sustain or expand upon and the experience/capacity to do so.

The project will begin on April 1, 2023, and will be split between two periods. The initial project period will end at the conclusion of CDC’s fiscal year on July 31, 2023. A contract extension will then be issued to continue the project (with a contract modification) through March 31, 2024, giving applicants a full year to complete their work.

Applications must be submitted through the online submission form no later than 11:59 PM EST on March 6, 2022. In fairness to all applicants, NACCHO will not accept late submissions.

A deliverable-based consultant contract will be executed between NACCHO and the LHD; however, LHDs may subcontract with hospitals, community organizations, or other consultants to accomplish the work plan activities.

All necessary information regarding the project and application process may be found in this RFP. Applicants may pose individual questions to NACCHO at any point during the application process by emailing IVP@naccho.org.

Event	Date/Time (All Times EST)
Launch RFA	February 6, 2023 9:00 AM
Application Submission Deadline	March 6, 2023 11:59 PM
Award Notification Date	On or around March 20, 2023
Start of Project	April 1, 2023
End of initial project period	July 31, 2023
Final end of project	March 31, 2024

Contract Terms:

- Agreement with NACCHO standard contract terms and conditions is a requirement. Agreeing to NACCHO’s Resolution of Disputes and Governing Law is expected and aside of those two clauses, limited modifications to the terms or contract language can be accommodated. Contractors that cannot agree to majority of NACCHO’s contract language should not apply for this initiative. Agencies that cannot agree to NACCHO’s contract language

should not apply for this initiative. 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 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 within 30 days of receipt from NACCHO. 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.
- 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.

III: Project Requirements and Timeline

Awarded applicants will be required to agree to a detailed Scope of Work (SoW) after notification of award. Activities related to the each specific PRS led ED program will be enumerated in the SoW. Please see a brief summary of crosscutting activities in which all awarded applicants will be expected to engage below.

Scope of Work:

- Kick-off calls
 - Each site will have a set of initial calls with the NACCHO to review, discuss, and provide greater context to their proposed work.
- Develop and implement detailed workplan
 - Awardees will develop a workplan detailing the steps to sustain or expand a ED-based PRS program.
- Participate in regular project management meetings
 - Every-other-month meetings facilitated by NACCHO to review progress of planned activities.
- Share data and evaluate activities
 - Recipients will be expected to share data and/or process updates with NACCHO related to their program and will develop an evaluation plan, including process and outcome measures, to document impact of sustained and/or expanded activities.
- Build the evidence for PRS led ED programs
 - Each site will work with NACCHO to develop and submit a conference or academic journal abstract related to their program to build the evidence demonstrating the effectiveness of ED-based PRS programs.
- Plan for continuation
 - Develop a sustainability plan and explore options for continued funding after the conclusion of the SPED program.

IV: Support to Awardees

NACCHO will provide funding and assist with administrative matters related to contract execution, budget modification, and invoicing. NACCHO will assist the awardees in developing their workplans, evaluation plans, abstract submission(s), and sustainability plan. NACCHO will assist with any troubleshooting related to the implementation of the workplan throughout the duration of the progress period.

V: 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.
- Submit the application to NACCHO by March 6, 2022, at 11:59 PM ET. Submissions after this deadline will not be considered. Please submit your application using NACCHO's online portal [here](#). **Please note that to gain access to the submission portal, applicants will need to create a NACCHO.org account if they do not already have one.**
- The application must include the following items to be deemed complete:
 - Narrative that addresses the four domains described below:
 - Statement of need
 - Proposed project plan
 - LHD and partner readiness
 - Project staffing plan
 - Budget justification
 - Completed attachments
 - The applicant must be registered with the System for Award Management (SAM) and proof of registration with its SAM number provided. **For applicants without a SAM number, please submit an application immediately, as delays are common in application processing.** 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.

VI: Application Format and Instructions

Narrative:

- **Statement of Need (50%) (Max 1000 words)**
 - Describe in detail your jurisdiction's current program(s) of PRS led interventions in the ED(s), including
 - Any metrics or indicators of the program's impact.
 - A description of trainings and other support provided to PRS.
 - Describe any integral partners (hospitals, peer recovery organizations, etc.) contributing to your current program.
 - Describe any barriers to sustaining or expanding the program(s).
 - Describe how this funding would allow your jurisdiction to overcome these barriers.
- **Proposed Project Plan (30%) (Max 1000 words)**
 - List and describe your proposed activities to sustain or expand your current program(s).
 - These should be clearly connected to your statement of need.
 - Please describe any additional hiring, training, and activities to be implemented such EMR modifications and training and supports for PRS.
 - Complete attached [logic model](#) to further detail activities, outputs, and outcomes.
- **LHD and Partner Readiness (10%) (500 words)**
 - Describe the LHDs ability to ensure the completion of project deliverables including:



- A formal workplan.
 - A formal evaluation plan.
 - Monthly updates in the form of de-identified data regarding program participants and outcomes and/or process updates detailing progress toward the expansion of new programs.
 - Every-other-month meetings to discuss project implementation and management.
 - A conference or journal abstract.
- **A letter of support from a hospital partner is required.** This letter should clearly indicate hospital familiarity with and agreement with the plan to sustain or expand PRS-led ED interventions. Additional letters of support from project partners are encouraged but not required.
- **Project Staffing Plan (10%) (500 words)**
 - Please provide an overview of the staffing plan for this project.
 - Please provide an overview of project staff (may be hospital, health department, or community contractor) who will ensure successful implementation of programmatic activities such as trainings, EMR changes, and workflow updates, etc.
 - Please also include information on staffing for administrative items such as attendance at regular project meetings and management of activities such as contracting, invoicing, ensuring completion of deliverables, and project evaluation.
- **Budget Justification and Narrative (0%)**
 - Applicants must provide a [detailed line-item budget](#) and [narrative justification](#) of the items included in their proposed budget. Please use the linked templates to complete these application items.
 - The line-item budget and narrative *will not be scored* but will be reviewed for appropriateness and the inclusion of unallowable costs. Changes to the submitted budget may be requested by NACCHO following this review.
 - 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 12 months with the understanding that an extended project would end on March 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 section VIII.
 - 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 VI.

Applicants will be notified of their selection status by e-mail to the project point of contact on or around March 20, 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.

VII: Attachments

Required Application Resources

- Logic Model – [Template](#)
 - [Logic Model Quick Guide](#) for reference
- Budget Proposal – [Template](#)
 - Budget Narrative – [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

VIII: 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:

- In-kind staffing: Grant management staff time must be included in the budget narrative. Please either include grant management staff salary in your budget request for this funding opportunity (at least 0.1 FTE) or specifically note that staff salary and benefits will be paid through other funding sources. In-kind staff time is not allowed.
- Equipment costing over \$5,000 per individual items.
- Naloxone/Narcan
- Syringes and pipes.
- HIV/HCV/other STD/STI testing.
- Drug disposal programs and supplies. This includes implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
- Gift cards individually worth over \$25 in value.
- Vehicles.
- Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation.
- 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:
 - Procure or obtain, extend or renew a contract to procure or obtain; or
 - 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).
 - 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).
 - 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
- 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.



- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - 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

ⁱ Hedegaard H, Minino AM, Warner M. *Drug overdose deaths in the United States, 1999-2019. NCHS Data Brief.* 2020;No. 394(December 2020)

ⁱⁱ Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55).

ⁱⁱⁱ Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. *J Subst Abuse Treat.* 2016;63:1–9. [PubMed: 26882891]

^{iv} Samuels E. Emergency department naloxone distribution: a Rhode Island department of health, recovery community, and emergency department partnership to reduce opioid overdose deaths. *R I Med J (2013).* 2014;97(10):38-39.

^v Watson DP, Brucker K, McGuire A, et al. Replication of an emergency department–based recovery coaching intervention and pilot testing of pragmatic trial protocols within the context of Indiana’s Opioid State Targeted Response plan.

^{vi} Watson DP, Weathers T, McGuire A, et al. Evaluation of an emergency department–based opioid overdose survivor intervention: difference-in-difference analysis of electronic health record data to assess key outcomes.