



**REQUEST FOR PROPOSALS**  
**Reducing Overdose through Community Approaches (ROCA)**  
**Mentorship Program – Mentor Application**

**National Association of County and City Health Officials (NACCHO)**

**Date of Release: October 24th, 2022**

**\*Applications are due by: December 5<sup>th</sup>, 2022 by 11:59pm ET**

**Project Title:** Reducing Overdose through Community Approaches Mentorship Program

**Proposal Due Date and Time:** December 5<sup>th</sup>, 2022 by 11:59pm ET

**Selection Announcement Date:** on or around December 19, 2022

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

**Maximum Funding Amount:** up to \$70,000 for mentors of one (1) mentee (or \$125,000 for mentors supporting two [2] mentees)

**Estimated Period of Performance:** February 1, 2023 – January 31, 2024

**Online Submission Form:** <https://nacchoapplication.secure-platform.com/a/solicitations/43/home>

## I: Background

The overdose epidemic is a public health crisis that continues to threaten the lives and wellbeing of our communities across the country. Overdose deaths have continued to accelerate since the onset of the COVID-19 pandemic at an alarming rate. In 2021, approximately 108,000 people died from overdoses in the United States according to provisional data from the Centers for Disease Control and Prevention.<sup>1</sup> While the majority of overdose deaths continue to involve opioids, an increase of synthetic opioids (e.g., illicitly manufactured fentanyl) across the drug supply have been driving this worsening crisis in recent years. In addition, increases in deaths related to stimulants and psychostimulants have been observed. This confluence of factors has served to only widen health disparities further, with a disproportionate impact on historically marginalized communities. From 2019 to 2020, drug overdose death rates increased by 44% and 39% among Black and American Indian or Alaska Native individuals, respectively, with larger disparities in overdose deaths in counties with greater income inequality.<sup>2</sup>

Trauma, substance use, and overdose are connected in a cycle that affects individuals, families, and communities across generations. Substance use in the home can lead to adverse childhood experiences, often referred to as ACEs, which are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. ACEs also include aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as instability due to growing up in a household with substance use; mental health conditions; or parental separation or incarceration of a parent, sibling, or other member of the household.<sup>3,4</sup> These examples do not comprise an exhaustive list of childhood adversity, as there are other traumatic experiences that could impact health and wellbeing.

ACEs are connected with a predisposition to substance use during adolescence and adulthood, including prescription opioid misuse,<sup>5,6</sup> marijuana and cocaine use,<sup>7</sup> and substance use disorder (SUD).<sup>8,9</sup> ACEs are also associated with overdose among adults with opioid use disorder (OUD).<sup>10</sup> Additionally, research has shown that substance use among parental figures or caregivers is a significant predictor of SUD among children and adolescents.<sup>11, 12</sup> While ACEs can contribute to negative lifelong health and social consequences, positive childhood experiences (PCEs) also profoundly affect health and development, potentially preventing or buffering against toxic stress created by adverse experiences.<sup>13</sup>

Given the evolving nature of the overdose epidemic and its potential to impact future generations, a comprehensive public health approach is needed that includes up- and downstream prevention strategies at different levels of the social ecology. Evidence-based, culturally responsive prevention strategies that support people who use drugs and their families are critical to breaking the intergenerational cycles of trauma and substance use.

## II: Funding Opportunity Overview

The National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC), the National Center for Injury Control and Prevention (NCIPC), is pleased to offer this funding opportunity for the *Reducing Overdose through Community Approaches (ROCA) Mentorship Program*. This program is designed to:

- Pair LHDs that have experience in advancing their ACEs, substance use, and overdose prevention programs in key strategy areas (see below) with peer LHDs interested in receiving assistance, guidance, tools, and resources to help strengthen their jurisdiction's capacity.
- Provide bi-directional learning to share strategies and tools that can be integrated into prevention and response efforts.
- Establish a network of LHDs from across the country to be a resource for continuous learning and connection around substance use and overdose prevention both during and following the project period.

This exciting funding opportunity will bring together a diverse group of LHDs through virtual and in-person meetings to allow mentors to share their experience and practical knowledge and foster peer connections. Mentors will provide customized technical assistance (TA) and support to help strengthen their mentee's capacity to design and implement evidence-based overdose prevention and response strategies. Through the intentionally designed programming, and with support from NACCHO, CDC, and their partners, mentor teams will have the opportunity to grow and strengthen their own leadership, facilitation, and coaching skills.

Through this funding opportunity, NACCHO and CDC will select and award up to twenty-five (25) applicants to be mentors. **Please refer to the following breakdown for the anticipated funding based on the number of mentees applicants are willing to mentor:**

Mentoring one (1) mentee: up to \$70,000  
Mentoring two (2) mentees: up to \$125,000

Mentors may request one or two mentees. For those applying to support two mentees, the final number of mentees assigned to a mentor will depend on the number of applications received, the type of mentoring requested, and the mentor's demonstrated level of experience.

Selections will be made on or around December 19, 2022 and the project period shall run from the date of contract execution (approximately) February 2023 through July 31, 2023. Contingent on CDC approving a no cost extension, the project will continue to run through January 31, 2024.

Applications must be submitted through the [online submission form](#) no later than December 5<sup>th</sup>, 2022, 11:59 E.T. In fairness to all applicants, NACCHO will not accept late submissions.

**This will be a fixed-price, deliverables-based contract.** A final invoice schedule will be agreed upon by NACCHO and the grantee after notice of their award. All payment will be contingent on receipt of satisfactory deliverables.

All necessary information regarding the project and application process may be found in this Request for Proposals (RFP). Applicants may pose individual questions to NACCHO at any point during the application process by emailing the NACCHO Overdose, Injury, and Violence Prevention Team at [IVP@naccho.org](mailto:IVP@naccho.org).

NACCHO will host an optional webinar on Tuesday, November 8<sup>th</sup> from 3:00 – 4:00pm ET to walk through the RFP and respond to questions. Interested participants should [register for the webinar](#) in advance. Please note that no new information will be shared during the call. Applicants need not wait for this optional call to begin or submit applications. The call will be recorded and posted to the NACCHO website.

Funding for this RFP is supported by the CDC cooperative agreement 6 NU38OT000306-05-01 entitled *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health*.

Event	Date/Time (All Times E.T.)
Launch RFA	October 25 <sup>th</sup> , 2022
Informational Webinar (register <a href="#">here</a> )	November 8 <sup>th</sup> , 2022 from 3-4pm ET
Proposal Submission Deadline	December 5 <sup>th</sup> , 2022
Award Notification Date	December 19 <sup>th</sup> , 2022
End of Initial Project Period	July 31, 2023

### III. Key Strategy Areas

There will be two tracks to which applicants can apply for this mentorship program:

- 1) **Overdose Prevention and Response:** for LHDs with experience in strengthening capacity to equitably implement initiatives, programs, and services that address their local community's burden of drug overdose.
- 2) **Intersection of Adverse Childhood Experiences and Substance Use:** for LHDs with experience in strengthening capacity to equitably implement initiatives, programs, and services that prevent substance use disorders and overdose, including evidence-based strategies for upstream prevention and mitigation of ACEs. LHDs interested in this track will use a multigenerational approach, working to decrease substance use, SUD, and overdose while simultaneously preventing ACEs in children and youth.

Mentors can apply to one or both tracks, indicating preference if applicable. However, if applying to both tracks, mentees will only receive a single award for one track. Final selection may be dependent on availability of Mentees within each track. Participants in each track will have the same deliverables per the award; however, the focus of the TA provided will be specific to the key strategy areas within their track.

The TA to be provided by mentors to mentees will fall into the strategy areas as outlined below; see bulleted points for example activities. **Within each track, mentor applicants are required to indicate at**

**least two strategy areas (rank ordered) in which they have expertise and could provide TA to another health department.**

*Note: applicants of the Overdose Prevention and Response track will be required to select overdose prevention strategies. Applicants of the Intersection of ACEs and SU track will be required to select ACE prevention strategies (while tailoring their ACEs work to impact substance use and overdose). Applicants who would like to be considered for both tracks must select both overdose prevention strategies and ACEs strategies.*

**Overdose Prevention Strategies.** Applicants are encouraged to review [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#) for guiding principles and a general overview of current best practices.

- 1. Linkages to Care.** Activities at the systems-level in important settings such as the healthcare system, substance use treatment, harm reduction facilities, or community education events to improve the ability of people who use drugs to access ongoing care and social supports, including:
  - Referral protocols to treatment or social determinants of health-related supports in emergency departments for people who have a non-fatal overdose and/or request support
  - Outreach teams that follow-up with individuals who have experienced an overdose event for referrals to services
  - Implementation support for Screening, Brief Intervention, and Referral to Treatment (SBIRT) and medications for opioid use disorder programs
  - Identify and reduce service gaps, particularly in communities with the highest burden of overdose
- 2. Providers and Health Systems Support.** Activities with clinicians to ensure they are trained and practice cultural humility to manage pain in both opioid-dependent and opioid-naive patients, and to effectively engage patients in a non-stigmatizing way to identify substance use related health needs and address overdose risk, including:
  - Academic detailing for providers
  - Training or education on evidence-based [prescribing guidelines](#)
  - Establishing overdose education and naloxone distribution or prescribing plans
  - Increasing the number of providers prescribing buprenorphine
  - Development and implementation of plans of safe care for infants at risk for neonatal opioid withdrawal syndrome and their parents
  - Recruitment of clinicians and staff who are more representative of the communities being served or have lived experience
- 3. Partnerships with Public Safety and First Responders.** Activities with public safety and first responders (e.g., fire, emergency medical services, law enforcement, criminal justice system) who commonly engage with people who use drugs, including:
  - Initiation or enhancement of response capacity with novel public safety data systems to detect overdose spikes, locate hotspots, and/or identify emerging drug threats

- Trauma-informed trainings for first responders and public safety personnel that interact with children/schools
  - Deflection programs or alternatives to incarceration through pre-arrest diversion programs
  - Provision of overdose education and naloxone distribution among justice-involved populations
- 4. Harm Reduction.** Activities to implement practical strategies and interventions aimed at people who are already engaged in drug use to prevent death and other negative health outcomes, including:
- Overdose education and naloxone distribution, prioritizing areas with high incidence of overdoses
  - Increased access and dissemination of harm reduction materials to people who use drugs
  - Activities to increase opportunities for people who use drugs to inform strategies and interventions
  - Drug checking programs to determine substances present including distribution of fentanyl test strips
- 5. Surveillance and Data Sharing.** Activities that support or improve data sharing and surveillance to inform overdose prevention and response efforts, including:
- Collection of timely fatal and/or non-fatal overdose data
  - Disaggregation and use of surveillance data to identify populations and communities disproportionately affected by SU and overdose
  - Stratification of data by race, ethnicity, and language to inform programmatic efforts
  - Development or use of health equity indicators to identify inequities at the neighborhood level across the jurisdiction
  - Development of data-sharing agreements across partners

**ACEs Prevention Strategies.** Applicants should reference the CDC-developed resource, [Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#), which can help states and communities use the best available evidence to prevent ACEs from occurring, as well as lessen harms when ACEs do occur. This resource features six strategies drawn from the [CDC Technical Packages to Prevent Violence](#). Where possible, applicants are encouraged to consider highlighting experience in the evidence-based ACEs prevention programs, policies, and practices in these resources, as some of these programs, policies, and practices either have already demonstrated impact on substance use prevention or may theoretically impact substance use, SUD, and overdose. In recognizing adverse community environments can foster adverse childhood experiences (known as the “Pair of ACEs”), cross-sector strategies may also build resilience by addressing underlying, systemic inequities within the community.

1. **Strengthen Economic Supports to Families.** Activities that decrease the likelihood of unemployment which can lead to risk factor for SUDs like low self-esteem and depression. These activities may include:

- Working with local businesses to implement family-friendly work policies such as paid leave and flexible and consistent work schedules
  - Strengthening household financial security
  - Developing job training and placement programs for parents and caregivers with SUDs
  - Supporting access to quality, affordable housing
  - Addressing drivers of poverty within the community
2. **Promote Social Norms that Protect Against Violence and Adversity.** Activities that promote healthy relationships to decrease violence, as witnessing violence in the home or community is a risk factor for SUD. These activities may include:
    - Promoting positive community norms and build community resilience
    - Developing public education campaigns
    - Supporting Legislative approaches to reduce corporal punishment
    - Implementing VERB Bystander approaches
    - Mobilizing men and boys as allies in prevention
    - Engaging community-based violence prevention teams and restorative justice approaches
    - Working with community partners to promote positive childhood experiences and safe, stable, and nurturing environments and relationships
    - Community trainings to raise awareness and knowledge about positive childhood experiences and trauma-informed care
  3. **Ensure a Strong Start for Children.** Activities that help caregivers build a safe, stable, nurturing, and supportive home environment and a strong foundation for children’s future learning and opportunities. These activities may include:
    - Implementing early childhood home visiting programs for people with known SUD or risk for overdose
    - Ongoing support beyond ages 0-5 for families impacted by substance use
    - Assisting communities in accessing affordable, high-quality childcare
    - Providing preschool enrichment opportunities that prioritize family and caregiver engagement
  4. **Teach Skills.** Activities that teach skills to promote nurturing and supportive family environments and resiliency in children. Evidence-based parenting programs for people with or at risk for SUD or overdose may decrease substance use while improving sensitivity, reciprocity, and/or parenting practices with children. These activities may include:
    - Facilitating social-emotional learning approaches for children and youth
    - Promoting safe dating and healthy relationship skill programs
    - Teaching parenting or caregiver skills and family relationship approaches
    - Teaching youth to recognize signs of substance use
    - Building caregiver skills to engage in honest conversations with youth about drugs, including effects, risks, and harm reduction strategies
  5. **Connect Youth to Caring Adults and Activities.** Activities that create positive childhood experiences that promote resiliency, mitigate the effects of an unstable or unsafe home environment, and may decrease risk for SUD and overdose. These activities may include:

- Developing and implementing mentoring programs for high-risk communities
  - Developing and implementing after-school programs
  - Developing and implementing school-based programs connecting students and teachers
6. **Intervene to Lessen Immediate and Long-Term Harms.** Activities that provide trauma-informed training, education, or implementation support for SUD treatment or harm reduction center staff to decrease the likelihood of a child or youth being exposed to substance use in the home and initiating substance use. These activities may include:
- Enhancing primary care
  - Prioritizing victim-centered services
  - Promoting treatment to lessen the harms of ACEs and decrease later risk of substance use, including Trauma-Focused Cognitive Behavioral Therapy
  - Developing treatment to prevent problem behavior and future involvement in violence
  - Moving towards family-centered treatment for substance use disorders
  - Offering wraparound services for youth and families
  - Implementing the Handle with Care model between law enforcement/emergency services and the school system
  - Providing training on trauma-informed approaches, ACEs, toxic stress, and building resilience to early childhood professionals, school staff, and/or community partners

## IV. Eligibility and Contract Terms

NACCHO defines a mentor as a LHD staff member or small team with demonstrated skills or experience in providing one-to-one capacity-building support to another LHD, staff member, or team via advice, sharing of resources and tools, and other guidance. Additionally, the mentor should aim to create a thriving environment of learning, shared accountability, and growth to result in sustained advancements for the staff member and/or team.

This funding opportunity is open to LHDs with expertise and knowledge that meet the following requirements:

- a. All mentoring LHDs must currently have a program that uses at least one of the key *Overdose Prevention and Response* strategy areas identified above
- b. If applying to the *Intersection of ACEs and SU* track, mentoring LHDs must also have demonstrated experience with programming using at least one of the key ACEs prevention strategy areas identified above
- c. LHD must have **one primary point of contact**, who actively communicates with NACCHO on all technical and administrative aspects of the project. This person may or may not be the same person serving as the mentor for the LHD whose eligibility criteria is described below.
- d. LHD must have **at least one staff member** with experience in the designated programming areas who can serve as the **lead mentor** to the LHD mentee(s) and meets the below expectations. This person may or may not be the same person serving as the primary point of contact described above:
  - Has experience and expertise in one or more of the listed categories;
  - Has at least five years of professional experience in the areas of expertise identified related to overdose prevention or response and/or ACEs prevention or mitigation work;



- Is able to dedicate at least 5-6 hours/month per mentee to this program;
- Has at least 1-2 years of experience working in an LHD (current employment may be included)
- Has at least 1-2 years of experience in a leadership or mentorship role (e.g., this person must demonstrate their skills and ability to effectively mentor others).

In addition to the minimum requirements as specified above, mentoring LHDs may also choose to designate additional staff members as part of the **mentor team**, including those who are seeking to grow their own leadership and coaching skills through participation in this program. While additional members of the mentor team should have demonstrated interest and experience in the designated key strategy areas, they would not be required to have the same years of professional experience and in a leadership role. **The mentor can leverage their collective agency expertise when providing TA to their mentee(s).**

**Contract Terms:** Selected applicants will enter into an agreement with NACCHO using the [standard contract terms and conditions](#). Agreement with NACCHO's standard contract language is a requirement. Should your organization need to propose any changes to the terms and conditions, please inform us immediately, however NACCHO reserves the right to accept or decline such changes. Significant changes, which could affect the agreement's timely execution, may impact your selection as a successful applicant. Agreeing to NACCHO's Resolution of Disputes and Governing Law is expected and aside from those two clauses, limited modifications to the terms or contract language can be accommodated. LHDs that cannot agree to NACCHO's contract language should not apply for this initiative.

If you are an applicant from Florida or Texas, please contact NACCHO's Injury and Violence Prevention team at [IVP@naccho.org](mailto:IVP@naccho.org) immediately for a copy of their standard contract. As part of the application, LHD applicants will be asked to verify that they have read NACCHO's standard contract language and have provided a copy to the individual with signing authority at your organization for advanced consideration.

NACCHO will establish a fee-for-service contract with the awarded applicant wherein deliverables will be listed in the recipient contract and payment will be remitted upon submission and acceptance of those items; see Appendix B for the anticipated deliverable schedule.

## V. Project Goals & Technical Requirements

The anticipated project period will be 12 months long. Applicants should review all proposed activities and expenditures to ensure there is a reasonable expectation that program deliverables can be completed and project funds can be spent within the given project period.

Selected mentor LHDs will be expected to:

- Attend Program Kick-Off Meeting:** A kick-off meeting will be held on February 6<sup>th</sup>, 2023 from 2:00 – 3:30 pm ET with all program participants to review the project's expectations and activities. *Note: attendance at this kick-off meeting is a requirement of participation in the*

*program. If the primary point-of-contact is unavailable to attend, they may send a designee in their place.*

- b. **Hold Meetings with Mentee(s):** Mentors will facilitate at least 12 dedicated meetings with their mentee(s) throughout the project period to work through the development of project deliverables, assess progress, troubleshoot challenges, etc. *Note: mentors applying to support more than one mentee must have recurring one-on-one meetings with each of their mentee LHDs.*
- c. **Participate in Leadership Coaching Series:** Mentors will participate in at least nine peer-to-peer calls with their fellow mentors to work on strengthening their mentoring, facilitation, and leadership skills. During these sessions, mentors will learn to facilitate any required exercises and activities with their mentees, as well as serve as an opportunity to network, share successes and challenges.
- d. **Conduct Mentee Needs Assessment:** Using templates provided by NACCHO, mentors will facilitate a needs assessment, drawing on environmental scanning techniques and assessing current capacity and readiness, to better understand their local context, identify specific needs and assets, and to assess current capacity and readiness.
- e. **Support Development of Mentee Work Plan:** Using templates provided by NACCHO, mentors will guide their mentee(s) in developing focused objectives and an associated work plan.
- f. **Develop a Technical Assistance Plan:** Using templates provided by NACCHO, mentors will craft a plan to outline how they will support the mentee(s) via TA throughout the project period.
- g. **Present at Mentorship Symposium:** NACCHO will be holding an in-person symposium including all mentorship participants in the spring of 2023 in Washington, DC. Each mentor LHD will be expected to present during the symposium (e.g., panel presentation, focused workshop, etc.) on a relevant topic of interest to other participants. The final topics and formats will be determined in collaboration between the mentors, NACCHO, and CDC coordinating committee.
- h. **Attend Site Visit at Mentee Agency:** The lead mentor and, if desired, other mentor team members will travel to the mentee agency in the spring of 2023 for an in-person site visit. If COVID protocols or restrictions on travel do not allow an in-person visit, virtual visits will be permitted.
- i. **Guide Mentee in Sustainability Planning:** Mentors will support mentees in planning to sustain their initiative or prevention efforts beyond the project period, emphasizing the importance of early planning to maintain organizational capacity, financial support, partner relationships, and buy-in.
- j. **Attend NACCHO Check-Ins:** Mentors will participate in at least four individual check-in calls facilitated by NACCHO to review progress, discuss success and challenges, and identify additional areas or needs for support.
- k. **Participate in Project Evaluation Activities:** Mentors will participate in additional evaluation-related activities with NACCHO and CDC to track and measure progress towards specified outcomes, such as completion of an end-of-project report, surveys, or interviews.

NACCHO will pay the selected applicants in installments according to the deliverable schedule in Appendix B for a full list of the anticipated deliverables to be fulfilled, invoice periods, and payment schedule. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary. A final invoice schedule will be agreed upon by NACCHO and the grantee after notice of their award.

## VI. Submission Instructions

To apply for this funding opportunity:

- 1) Review the requirements and expectations outlined in this RFA.
- 2) If you have any additional unanswered questions, please contact NACCHO's Overdose, Injury, and Violence Prevention Team at [IVP@naccho.org](mailto:IVP@naccho.org).
- 3) Read NACCHO's [standard contract terms and conditions](#) 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. *Do not sign or send back the contract with the application.*
- 4) Submit the application to NACCHO by **December 5<sup>th</sup>, 2022** at 11:59pm 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.
- 5) The submitted application must include the following items to be deemed complete:
  - a. A brief narrative that addresses all domains as described in the next section.
  - b. Anticipated budget (template provided) and budget narrative.
  - c. All completed attachments.
  - d. The applicant must be registered with the System for Award Management (SAM) and have an active DUNS/SAM number. **For applicants without a SAM number, please note that it takes 7-10 business days to receive a number after registration. Please plan accordingly to ensure an active SAM number at the time of submission.**

NACCHO will confirm receipt of all applications within two business days, however, confirmation of receipt does not guarantee verification of completeness. Applicants will be notified of their selection status by e-mail to the primary point-of-contact on or around December 19<sup>th</sup>, 2022. 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.

All questions may be directed to NACCHO's Overdose, Injury, and Violence Prevention Team at [IVP@naccho.org](mailto:IVP@naccho.org).

## VII. Application Response Format & Selection 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.

**a. Mentor Point-of-Contact:**

- Name of LHD
- Location of LHD
- LHD Primary Point-of-Contact
  - Name, Title
  - Email Address
  - Phone number
- Lead Mentor
  - Name, Title
  - Email Address
  - Phone number
  - Mentor resume or curriculum vitae

**b. Identify how many Mentees you are interested in mentoring:**

- Mentoring one (1) mentee: up to \$70,000
- Mentoring two (2) mentees: up to \$125,000

**c. Identify which track to which you are applying:**

- Overdose Prevention and Response
- Intersection of Adverse Childhood Experiences and Substance Use
- Both

**d. Identify (at least two) Key Strategy Areas of expertise:**

- Overdose prevention strategies
  1. Linkages to Care
  2. Providers and Health Systems Support
  3. Partnerships with Public Safety and First Responders
  4. Harm Reduction
  5. Surveillance and Data Sharing
- ACEs prevention strategies
  1. Strengthen Economic Supports to Families
  2. Promote Social Norms that Protect Against Violence and Adversity
  3. Ensure a Strong Start for Children
  4. Teach Skills
  5. Connect Youth to Caring Adults and Activities
  6. Intervene to Lessen Immediate and Long-Term Harms

**e. Jurisdictional Characteristics:** Please provide a brief overview of the jurisdiction your health department serves by selecting the appropriate option for each jurisdictional characteristic.

<b>Jurisdiction served</b>	<input type="checkbox"/> City or town <input type="checkbox"/> County <input type="checkbox"/> Multi-county
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	<input type="checkbox"/> Other
<b>Size of population served</b>	<input type="checkbox"/> Small: <50,000 <input type="checkbox"/> Medium: 50,000-500,000 <input type="checkbox"/> Large: 500,000+
<b>Geographic region</b>	<input type="checkbox"/> New England <input type="checkbox"/> Mid-Atlantic <input type="checkbox"/> East North Central <input type="checkbox"/> West North Central <input type="checkbox"/> South Atlantic <input type="checkbox"/> East South Central <input type="checkbox"/> West South Central <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific
<b>Degree of urbanization</b>	<input type="checkbox"/> Urban <input type="checkbox"/> Urban/Suburban <input type="checkbox"/> Suburban <input type="checkbox"/> Suburban/Rural <input type="checkbox"/> Rural
<b>Type of LHD governance</b>	<input type="checkbox"/> Local ( <i>LHD is unit of local government</i> ) <input type="checkbox"/> State ( <i>LHD is unit of state government</i> ) <input type="checkbox"/> Shared ( <i>LHD is governed by both state/local authorities</i> )
<b>Number of full-time staff employed within LHD</b>	<input type="checkbox"/> <5 <input type="checkbox"/> 5-9.9 <input type="checkbox"/> 10-24.9 <input type="checkbox"/> 50-99.9 <input type="checkbox"/> 100-199.9 <input type="checkbox"/> 200+

- f. **Our Work (50%):** This section will be scored on the completeness of the description and understanding of the current landscape of the organization's work, as well as capacity to implement programs and services within the selected key strategy areas. Each of the following components must be addressed:
- Brief description of LHD and the jurisdiction it serves including the location, demographics of population served in your community, and drug overdose, substance use, and, if applicable, ACEs burden.
  - Describe the lead mentor's and (if applicable) mentor team's current and recent work that falls into the key strategy area(s) selected above. Identify their role and the role of the health department for each program.

1. *Note: for applicants to the Intersection of ACEs and SU track, be sure to specify how your ACEs prevention work has impacted or been designed to impact substance use and overdose in your community.*
- Where applicable, describe successes of the program(s) and challenges experienced, including strategies and solutions to overcome said challenges.

**g. Capacity to Mentor (50%):** This section will be scored based on the strength of the mentor's experience, as well as whether the proposed staffing structure provides sufficient detail and support to provide the TA required as part of the program activities. Each of the following components must be addressed:

- Describe the lead mentor's and (if applicable) mentor team's:
  1. Experience in the field of public health, overdose prevention and response, and/or ACE prevention and mitigation, highlighting expertise and understanding of the key strategies selected.
  2. Experience in leadership and/or mentorship positions and if they have participated in a formal mentorship program in the past.
  3. If applicable, experience teaching others (e.g., staff, LHDs, community partners or other stakeholders) how to implement evidence-based overdose or ACE prevention strategies in your community.
- Describe the proposed staffing structure, including roles and responsibilities, particularly if there are additional members of the mentor team.

**h. Budget Justification**

- Applicants must complete a [detailed line-item excel budget](#) and [accompanying narrative](#) using the forms provided. Mentor applicants may apply for up to \$70,000 to support fulfillment of the program deliverables and provision of TA to one mentee (or \$125,000 to support two mentees).
- The budget will be reviewed as part of the selection process but will not be included in the application's score. Preference will not be given to applicants that submit budgets under the full eligible amount. Revisions to the budget may be requested as a condition of award, and a final budget must be approved to proceed with contract execution. Budgets will be reviewed and approved based on:
  1. Reasonableness of costs
  2. Cost allowability
  3. Sufficient staffing to support program activities
  4. Sufficient justification of costs
- Please note that the awards are categorized as consultant and disbursed in four invoice periods upon receipt of satisfactory deliverables, not reimbursement for expenses incurred. This is a firm, fixed-price contract. The purpose of the budget narrative is to demonstrate that the applicant has considered appropriate funding needed to accomplish the work it has proposed.
- The budget should span 12 months with the understanding that the project will end on January 31, 2024. Using the template, the budget will be broken into Year 1 (contract start date through 7/21/23) and Year 2 (8/1/23 through 1/31/24). The total budget amounts for

Year 1 and Year 2, respectively, must align with the % of the total budget to be paid within those time periods according to the anticipated schedule of deliverables (Appendix B).

1. For mentors supporting one (1) mentee:
    - a. Year 1 Total = 72.5% of total budgeted funds
    - b. Year 2 Total = 27.5% of total budgeted funds
  2. For mentors supporting two (2) mentees:
    - a. Year 1 Total = 75.0% of total budgeted funds
    - b. Year 2 Total = 25.0% of total budgeted funds
- Items that may be requested for funds include but are not limited to:
    1. *Staff salary and fringe benefits* to cover time spent on project and associated deliverables
    2. *Supplies* to support technical assistance provided and site visit
    3. *Travel* to the mentee's agency for a site visit or other relevant conferences to strengthen mentor's knowledge and capacity.
      - a. *Note: NACCHO will separately reimburse travel for at least 2 participants to attend the in-person mentorship symposium.*
    4. *Contractual* costs such as training or education to strengthen the mentor's or mentee's capacity
    5. *Other* costs such as virtual meeting platforms, postage, printing fees, etc. mileage, marketing/promotional materials, field supplies, registration for relevant trainings or workshops, and contractual fees.
  - Please see Appendix A for a list of unallowable costs. In addition, the budget justification cannot include in kind contributions.

**i. Additional Information**

- One Letter of Support from the Health Director or Administrator as a PDF file.
- The résumé or CV of each staff member serving on the mentor team as PDF files.
- One reference letter for POC serving as a mentor (optional) as a PDF file.
- Vendor Form – [Form](#)
- W-9 Form – [Form](#)
- Completed Certification of Non-Debarment – [Form](#)
- Proof of active SAM.gov registration
- Completed FFATA data collection form. (This form will be required for all contracts over \$30,000, but if you are not able to complete the form in time for the application deadline, this form can be submitted up to three weeks after the application deadline.) – [Form](#)

## Appendix A - List of Unallowable Costs

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services. NACCHO reserves the right to request a revised cost proposal, should NACCHO and CDC determine applicant's proposed cost as unallowable. Restrictions that must be considered while planning the programs and writing the budget:

1. Equipment exceeding \$5,000 per individual item.
2. Naloxone/Narcan
3. Syringes and pipes.
4. HIV/HCV/other STD/STI testing.
5. Drug disposal programs and supplies. This includes implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
  - a. Syringe collection programs and equipment, however, are allowable.
6. The provision of direct medical/clinical care. Please reach out to NACCHO for clarification on what meets this threshold.
7. Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
8. Direct funding for the provision of substance use treatment.
9. Recipients may not use funds for research.
10. Development of educational materials on safe injection.
11. The primary prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity.
12. The purchase of motor vehicles.
13. Incentives such as food and beverage or gift cards will be reviewed on a case basis and will require the submission of further documentation.
14. Prohibition on certain telecommunications and video surveillance services or equipment (Pub. L. 115-232, section 889): Recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:
  - a. Procure or obtain,
  - b. Extend or renew a contract to procure or obtain; or
  - c. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
    - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
    - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.



- iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.
- President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients 14 | Page are expected to work toward implementation of the requirements

## Appendix B – Anticipated Schedule of Deliverables

Mentor Local Health Department for One (1) Mentee

Deliverable	Subtask	Estimated Timeline	Payment Schedule	
1. Kick-Off Meeting	Attendance at program kick-off meeting	Feb. 2023	1.5%	<b>Invoice #1</b> Due by or before May 15, 2023
2a. Mentee Meetings (#1-3)	Notes from one-on-one meeting #1	Feb. – April 2023	2%	
	Notes from one-on-one meeting #2		2%	
	Notes from one-on-one meeting #3		2%	
3a. NACCHO Check-In #1	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	Feb. – April 2023	1%	
4. Mentee Needs Assessment	Final mentee needs assessment	Feb. – March 2023	10%	
5. Facilitation of Mentee Work Plan Development	Final mentee work plan	March – April 2023	7%	
6. Technical Assistance Plan	Final technical assistance plan	March – April 2023	7%	
7. Mentorship Symposium	Final session description and learning objectives	April 2023	1%	<b>Invoice #2</b> Due by or before July 15, 2023
	Final presentation materials		3%	
2b. Mentee Meetings (#4-5)	Notes from one-on-one meeting #4	May – June 2023	2%	
	Notes from one-on-one meeting #5		2%	
3b. NACCHO Check-In #2	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	May – June 2023	1%	
8a. Leadership Coaching Series (#1-4)	Attendance at leadership coaching session #1	Feb. – June 2023	1.5%	
	Attendance at leadership coaching session #2		1.5%	
	Attendance at leadership coaching session #3		1.5%	
	Attendance at leadership coaching session #4		1.5%	
9. Attend Site Visit	Site visit summary report	June 2023	25%	
2c. Mentee Meetings (#6-8)	Notes from one-on-one meeting #6	July – Sept. 2023	2%	<b>Invoice #3</b> Due by or before October 15, 2023
	Notes from one-on-one meeting #7		2%	
	Notes from one-on-one meeting #8		2%	
3c. NACCHO Check-In #3	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	July – Sept. 2023	1%	
10. Facilitation of Sustainability Planning	Final sustainability plan	Sept. 2023	3.5%	<b>Invoice #4</b> Due by or before February 15, 2024
2d. Mentee Meetings (#10-12)	Notes from one-on-one meeting #10	Oct. – Dec. 2023	2%	
	Notes from one-on-one meeting #11		2%	
	Notes from one-on-one meeting #12		2%	
3d. NACCHO Check-In #4	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	Oct. – Dec. 2023	1%	
	Attendance at leadership coaching session #5		1.5%	

8b. Leadership Coaching Series (#9)	Attendance at leadership coaching session #6	July – Dec. 2023	1.5%	
	Attendance at leadership coaching session #7		1.5%	
	Attendance at leadership coaching session #8		1.5%	
	Attendance at leadership coaching session #9		1.5%	
10. Project Evaluation	Submission of final end-of-project mentor survey	Dec. 2023	2.5%	

Mentor Local Health Department for Two (2) Mentees

Deliverable	Subtask	Estimated Timeline	Payment Schedule	
1. Kick-Off Meeting	Attendance at program kick-off meeting	Feb. 2023	.84%	<b>Invoice #1</b> Due by or before May 15, 2023
2a. Mentee Meetings (#1-3)	Notes from one-on-one meeting #1	Feb. – April 2023	2.24%	
	Notes from one-on-one meeting #2		2.24%	
	Notes from one-on-one meeting #3		2.24%	
3a. NACCHO Check-In #1	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	Feb. – April 2023	1.12%	
4. Mentee Needs Assessment	Final mentee needs assessment	Feb. – March 2023	11.20%	
5. Facilitation of Mentee Work Plan Development	Final mentee work plan	March – April 2023	7.84%	
6. Technical Assistance Plan	Final technical assistance plan	March – April 2023	7.84%	
7. Mentorship Symposium	Final session description and learning objectives	April 2023	.56%	<b>Invoice #2</b> Due by or before July 15, 2023
	Final presentation materials		1.68%	
2b. Mentee Meetings (#4-5)	Notes from one-on-one meeting #4	May – June 2023	2.24%	
	Notes from one-on-one meeting #5		2.24%	
3b. NACCHO Check-In #2	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	May – June 2023	1.12%	
8a. Leadership Coaching Series (#1-4)	Attendance at leadership coaching session #1	Feb. – June 2023	.84%	
	Attendance at leadership coaching session #2		.84%	
	Attendance at leadership coaching session #3		.84%	
	Attendance at leadership coaching session #4		.84%	
9. Attend Site Visit	Site visit summary report	June 2023	28%	
2c. Mentee Meetings (#6-8)	Notes from one-on-one meeting #6	July – Sept. 2023	2.24%	<b>Invoice #3</b> Due by or before October 15, 2023
	Notes from one-on-one meeting #7		2.24%	
	Notes from one-on-one meeting #8		2.24%	
3c. NACCHO Check-In #3	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	July – Sept. 2023	1.12%	
10. Facilitation of Sustainability Planning	Final sustainability plan	Sept. 2023	3.92%	

2d. Mentee Meetings (#10-12)	Notes from one-on-one meeting #10	Oct. – Dec. 2023	2.24%	<b>Invoice #4</b>  Due by or before February 15, 2024
	Notes from one-on-one meeting #11		2.24%	
	Notes from one-on-one meeting #12		2.24%	
3d. NACCHO Check-In #4	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	Oct. – Dec. 2023	1.12%	
8b. Leadership Coaching Series (#9)	Attendance at leadership coaching session #5	July – Dec. 2023	.84%	
	Attendance at leadership coaching session #6		.84%	
	Attendance at leadership coaching session #7		.84%	
	Attendance at leadership coaching session #8		.84%	
	Attendance at leadership coaching session #9		.84%	
10. Project Evaluation	Submission of final end-of-project mentor survey	Dec. 2023	1.44%	

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