June 2023 Request for Proposals: 
Implementation and Monitoring of Overdose Prevention Indicators

ABOUT THE CDC FOUNDATION

The CDC Foundation is an independent nonprofit and the sole entity created by Congress to mobilize philanthropic and private-sector resources to support the Centers for Disease Control and Prevention’s (CDC) critical health protection work. We are a catalyst for unleashing the power of collaboration between CDC and philanthropies, private entities and individuals to protect the health, safety and security of America and the world. We believe that people, groups and organizations have greater positive impact and can accomplish more collectively than individually. By emphasizing the examination of systems, structures, policies and practices, the CDC Foundation addresses health inequities at their root causes. Achieving health equity in all communities will take creative, sustainable and multisector solutions. Visit www.cdcfoundation.org to learn more.

CHALLENGE STATEMENT

In 2021, a reported 106,699 deaths due to drug overdose occurred, making it a leading cause of injury-related death in the United States.1 Although drug overdose continues to be a leading public health concern, practitioners lack guidance around what to measure to strengthen interventions and eliminate inequities.

Addressing the overdose crisis requires collaborative multi-sector partnerships within local communities. Multiple sectors including public health, mental health and substance use, healthcare/clinical services, housing, public safety, social services, child welfare, education and others can share data—with proper privacy protections—to design effective interventions. Engaging across sectors allows partners to leverage their collective knowledge and skills to better understand what happens to the people they serve before, during and after interactions.

The CDC Foundation and CDC believe that to combat the drug overdose epidemic, a set of consistent, standardized measures should be available that enable communities to collect data to tailor overdose prevention interventions and demonstrate equitable impact for new and ongoing work. Novel methods and approaches to acquiring, analyzing, synthesizing and disaggregating data from multiple sources must be explored to ensure that overdose prevention strategies reduce racial and social inequities and result in improved health outcomes for all.2

Collaboration, particularly between community-based organizations (CBOs) and public health, is critical to addressing this crisis. CBOs and public health offer unique assets and resources. CBOs have insights into the unique challenges and opportunities facing the communities they serve, may work directly with individuals at risk for overdose and can help develop, implement and evaluate the effectiveness of engagement plans and overdose prevention interventions. Public health agencies can bring a data-driven and scientific approach to investigating and responding to health crises.

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CDC Foundation, with technical assistance from CDC’s National Center for Injury Prevention and Control (NCIPC) Division of Overdose Prevention (DOP), will fund and support teams of community-based organizations and health departments to report on a tailored set of overdose prevention indicators, See Appendix 1.

During the project period, selected teams will monitor and evaluate a set of overdose prevention indicators of their choosing and provide feedback on the ease of data collection, analysis and reporting of these indicators in the communities they serve.

This project will:

1. **Enable the collection of timely, high-quality data** to help public health practitioners and other decision-makers understand the extent of the problem, focus resources where they are most needed and evaluate prevention efforts to determine if they are equitably reaching all members of the affected community.
2. **Support collaboration between community-based organizations, health departments, people who use drugs and other sectors** to strengthen public health data systems and build capacity for data collection and reporting. Collaborations will ensure data is not used to create harm, generate new biases or re-stereotype groups and that appropriate privacy protections are established.
3. **Understand facilitators and barriers at the local level** to overdose prevention data collection and use which will inform the development of recommendations around a standardized approach to a digital toolkit.

**GRANT DETAILS**

The CDC Foundation will award four to eight applicants with funding from Bloomberg Philanthropies. CDC will provide technical assistance.

Awards will be issued under one of the following configurations*:

1. **Project initiated and led by CBOs** including but not limited to drug overdose/harm reduction coalitions/organizations, faith-based organizations, organizations focused on health equity, unhoused, veterans and/or others that are **working in collaboration with a local and/or state health department** or are willing to build a collaborative data sharing relationship.
2. **Project led by an intermediary organization or other nonprofit that collaborates with CBOs and local health departments** but may include other partners, e.g., CBOs, health care/clinical services, public safety, unhoused, veterans and/or others. **
3. **Project initiated and led by a local health department** but may include other partners, e.g., CBOs, health care/clinical services, public safety, unhoused, veterans and/or others. **

The equitable distribution of funds will be considered when reviewing applications.

* **Priority will be given to projects led by CBOs or jointly led between CBOs and health departments.**

** **Please note, state health departments are not eligible as lead applicants but can be included as partners.
APPLICATION DETAILS

APPLICATION PRE-PLAN

1. Carefully review Appendix 1 for the list of overdose prevention indicators by category. Choose several indicators from one or more categories, including at least one health equity and/or one stigma reduction indicator, that your organization would like to track and that you have not reported in the past.

Although there are specific health equity and stigma reduction indicators, all indicators should be collected and reported to identify gaps toward improving health equity and reducing stigma.

2. Alternatively, propose a variation of the listed indicators or an alternate indicator that is more feasible to implement within the project period. If you propose an alternate indicator, please provide a brief rationale for why you have proposed this indicator.

3. Connect with partner organization(s) that if awarded, can aid in collecting or accessing the required data (e.g., data owner, data user, etc.). Begin preliminary discussions around establishing a collaborative partnership for this project.

To apply, complete the online application form entitled “Implementation and Monitoring of Overdose Prevention Indicators” and upload required attachments by August 4, 2023 at 5:00pm ET. Note, the online form and attachments listed below must be completed in one session.

- Attachment 1: Proposal Narrative Template
- Attachment 2: Workplan Template
- Attachment 3: Selected Indicators Template
- Attachment 4: Budget Template
- Attachment 5: Letters of Support

ELIGIBILITY REQUIREMENTS

To apply, an organization must be a CBO, intermediary organization or nonprofit that has a history of partnering with CBOs or a local health department, that performs overdose evaluation or prevention work and can track/report on a specific set of indicators selected by partners. Applicants must be based in the US (states, territories and commonwealths).

Community-based organization is defined as a public/private non-profit organization of demonstrated effectiveness that is:

1) Representative of a community or significant segments of a community; and
2) Provides healthcare, educational, social services or related services to individuals in the community.

Intermediary organization is defined as a mission-driven organization that aims to link donors (individuals, foundations and corporations) more effectively with organizations and individuals delivering charitable services.

Local health department is defined as the designated health entity in a city or county that works with healthcare and community partners to prevent and target disease or public health issues and determines the appropriate response by collecting, tracking and analyzing data.

Further, applicant organizations must:

- Have sustainable operations, be in good financial standing and have a proven record of program effectiveness; and
• Be an equal opportunity employer with all-inclusive membership that does not discriminate on
the basis of gender, race/ethnicity, color, sex, sexual orientation, country of national origin or
nationality, age, religion, intellectual or physical disabilities and military or veteran status in its
activities or operations.

EVALUATION CRITERIA

Applicants will be evaluated in the following areas:

Organizational Capacity Statement

• Does the applicant demonstrate ability to staff and implement project as described in the narrative?
• Does the applicant have access to data and data systems, either their own or through partners, for
the selected indicators and/or a thoughtful plan to fill data gaps through partnerships?
• Do letters or statements of support from partners (CBOs, health departments, other sectors)
demonstrate willingness to participate and describe their anticipated project roles?
• Has the applicant made or is making progress currently in tracking overdose prevention indicators?

Approach and Selected Indicators

• How does the applicant currently use data and plan to use data to address equity in overdose
prevention and response?
• How does the applicant think about data to ensure it measures and evaluates effectiveness of work
across different sectors of their population?
• Does the applicant clearly describe how they will:
  o Collect and report on selected overdose prevention indicators?
  o Collaborate with partners to collect and document data, ensuring privacy protections?
• Is the request compelling, innovative and evidence-informed?
• Are there specific strengths the applicant hopes to leverage? Are there specific barriers the applicant
has identified that they are hoping to address?

Collaboration

• Does the applicant know the priority populations and describe the unmet need in their community?
• Does the proposed approach aim to identify gaps in health equity and stigma reduction?
• What does the applicant hope to learn by participating in this project? Where do they hope to build
data collection, reporting and sharing capacity among their partners?
• Does the applicant have the willingness to collaborate with and center other partners in their decision-
making, including people who use drugs?

Workplan

• Do proposed strategies, activities, outputs and outcomes align with the aim of the RFP?
• Does the work plan show they can implement the strategies and complete the activities within the
project period with the amount of funding requested?

Budget & Budget Narrative

• Does the applicant describe how funding will be used to achieve the desired impact?
• Is the budget reasonable/appropriate for the proposed approach?
FUNDING SPECIFICS

Grants will be distributed to CBOs, local public health departments, and/or intermediary organizations or other nonprofits that collaborate with CBOs and local health departments in amounts up to $100,000.

Budgets may support:

- staff time across partner organizations
- stipends for community members designing and conducting data collection
- the purchase of data systems/upgrades, data visualization/analysis systems or other tools that aide in the use of sharing data among partners

- Applicants are encouraged to prepare a budget to reflect actual anticipated costs.
- Applicants should budget for two to four people to attend an in-person meeting in Atlanta, GA.
- Indirect costs are limited to a maximum of 15% of total direct costs.
- Grant must be used for the purposes described in the grantee’s application and must be expended or committed between September 1, 2023 – August 31, 2024.
- Approved funds will be made available upon the grantee’s return of a signed Letter of Award and any completed contracting documents.
- Agency receiving funding should be able to accept ACH payment or wire transfer of funds. If this is a barrier, it must be stated in the application process.
- Further guidance on what we WILL and WILL NOT fund can be found in the Grant Deliverables section of this document.

PROGRAM EXPECTATIONS

CDC Foundation and other partners, including a health equity consultant, will provide technical assistance, coaching and support.

This funding is an opportunity to generate shared learnings and insights across selected applicants. Funded sites will help inform refinement of the overdose prevention indicators and the development of tools for the national web-based toolkit.

Therefore, within the project period, sites will be expected to:

Share learnings with CDC Foundation and CDC

- Participate in 30–minute monthly check-in calls.
- Complete a short midterm survey to provide feedback on areas for improvement.
- Optional: Host an in-person learn and share site-visit.

Share learnings with other awardees

- Participate in bi-monthly collaborative cohort virtual meetings led by CDCF staff.
- Send two to four people to an in-person awardee meeting in Atlanta, GA in February 2024.

Collaborate with CDC Foundation to document and disseminate lessons learned

- Provide feedback on how indicators collected and shared are shaping community-level interventions to address the overdose crisis.
- Share a summary of the data that was collected during the project period. This data will be for
internal use only to assess the feasibility of monitoring the indicators.

- Share project outcomes with a broader audience of overdose prevention practitioners.
- Assist in developing overdose prevention tools, bright spots or case studies to document learnings. With permission, some of this content may be included in the digital toolkit.

GRANT DELIVERABLES

Grant recipients must submit financial and narrative report(s) (interim and final) in a template provided by the CDC Foundation, by the date(s) indicated in their Letter of Award.

Grantees will also need to finalize the workplan and timeline for their project, participate in awardee cohort activities, showcase their learnings and respond to project specific deliverables. For planning purposes, please see below for proposed important dates. For a more detailed project timeline and program expectations, please refer to Appendix 2.

WHAT WE WILL FUND

The CDC Foundation will fund strategies and activities to address the Challenge Statement and tasks outlined in the evaluation criteria. We seek proposals for projects that:

- Share resources and equitably distribute resources among partners.
- Build an increased capacity to evaluate and implement overdose prevention indicators at the local level that can lead to equitable decreases in overdoses.
- Are modest in scale, specific, innovative and achievable by August 31, 2024.
- Complete activities that promote mutually beneficial relationships and collaborations between public health partners and community-based organizations and leaders.
- Will be able to demonstrate how associated activities and outputs impact the tracking and evaluation of overdose prevention strategies and approaches equitably.

WHAT WE WILL NOT FUND

- Ongoing operating costs, unrelated to supporting focus area activities
- Capital improvements, unrelated to furthering focus area activities
- Political/lobbying activities

PROPOSED TIMELINE

- Application Period: June 16 – August 4, 2023
- Question Period: June 16 – July 7, 2023
- Informational Webinar on funding opportunity: July 7, 2023, at 1pm.
  - Sign up for the webinar using this form
- FAQ Supplemental Posted: July 21, 2023
- Deadline for submission: August 4, 2023, by 5pm ET
- Award Decision Notification: August 21, 2023
- Project Period: September 1, 2023 – August 31, 2024
- Final Financial and Narrative Report: September 15, 2024
INSTRUCTIONS

Applications should be submitted to the CDC Foundation online, using the following link: Application by 5:00pm ET on August 4, 2023. Note, the Smartsheet online form and attachments must be completed in one session.

Smartsheet Section 1: Submit via online application form

- Lead Organization Name
- Street Address, City, State, Zip Code
- Organization Type (Corporation, Government, Non-Profit, Foundation, Organization)
- Web Address
- Proposal Point of Contact: Name, Title, Email address, Organization, Phone number
- Verification that the agency receiving funding can accept ACH payment or wire transfer of funds. If this is a barrier, it must be disclosed in the application process.
- Signatory Contact – the person who will sign the final agreement

Required Attachments

Applicants should upload the following required attachments to the online application form.

- Attachment 1: Proposal Narrative Template  
  o Complete the proposal narrative template by responding to the questions provided regarding project background, partners, proposed project and accomplishments.

- Attachment 2: Workplan Template  
  o Complete the workplan template with the purpose of the project, outcomes, key activities, time frames and responsible entities.

- Attachment 3: Selected Indicators Template  
  o Complete the indicator template identifying indicator(s) you already are monitoring and those you would you like to begin monitoring. Briefly describe or list the data sources that you have access to and data that you plan to collect, if applicable.

- Attachment 4: Budget Template  
  o Complete the budget and at the bottom of the spreadsheet, provide a budget justification narrative explaining how the funds will be distributed to support the project.

- Attachment 5: Letters of Support  
  o Provide any letters or statement of support from partners (CBOs, health departments, or other partners).

Optional Attachments

- Letters of support from additional project partners.
- Demonstration of existing readiness and capacity e.g., previous examples of data collection and reporting on overdose prevention indicators, previous successful collaborations with partners using data to improve or inform overdose prevention in your community.
COMMUNICATION DURING THE RFP PERIOD

The CDC Foundation will accept questions regarding the RFP until July 7, 2023, 11:59 pm ET. All questions will be answered in an FAQ Supplement which will be posted by July 21, 2023. Please submit questions by using the following URL: Questions. Please contact opindicatores@cdcfoundation.org if you have trouble accessing or submitting the application. The CDC Foundation will notify the candidate directly if they are selected by August 21, 2023.

*The CDC Foundation will not provide debrief sessions for those not awarded.
Appendix 1: List of Overdose Prevention Indicators by Category

These indicator categories are based on the CDC’s Overdose Prevention Priorities. For background see: CDC’s Evidence-based strategies and CDC’s Guiding principles and key strategies priorities.

Please note: Although health equity has been included as its own distinct category, all proposed indicators should be examined with a health equity lens. Applicants are highly encouraged to consider data disaggregation approaches for each indicator selected.

1. **Harm Reduction**
   a. Number of fentanyl test strips distributed
   b. Community gaps in addressing or receiving naloxone (areas that are not being served)
   c. Percent of naloxone unused or returned

2. **Health Equity**
   a. Number and description of health equity-focused overdose prevention policies, interventions and strategies used in your community that directly address racism, inequitable access to overdose prevention and intervention programs and/or social determinants of health
   b. Number and description of culturally and linguistically tailored overdose prevention programs that are delivered by persons trusted by the priority populations you serve
      - **Examples of priority populations could include people experiencing homelessness, uninsured populations, people involved in the criminal-legal system and people from racial and ethnic minority groups**
   c. Percent of care-seeking people who use drugs (PWUD) who reported that supplementary program-provided supports (e.g., cost, assistance with family responsibilities, transportation assistance) increased their access to care.
      - **Suggested denominator may be all PWUD seeking care in a program during a specified time period**
   d. Percent of criminal justice-involved populations (e.g., incarcerated, parole, pre-arrest diversion) linked to treatment or harm reduction services

3. **Linkage to Care**
   a. Number of linkages to treatment or harm reduction services from each entry point
   b. Reasons for not engaging/initiating care

4. **Partnerships**
   a. Number and description of multisector partnerships with organizations that a) focus on addressing the social determinants of health underlying substance use and overdose; and/or b) are led by persons trusted by the communities they serve
   b. Percent of partnering organizations comprised of or representing persons with lived or living substance use experience, who are actively engaged in planning and key decision making of overdose prevention programs
   c. Number and description of prevention activities, interventions and/or policies resulting from multisector partnerships
   d. Number and description of overdose prevention outcomes resulting from multisector partnerships
5. **Policy**  
   a. Percent of jurisdictions that have removed criminal and other penalties for pregnant, postpartum and parenting women utilizing medications for opioid use disorder (MOUD)  
   b. Percent of eligible persons who enter pre-arrest and pre-trial diversion programs  
   c. Percent of state prisons and/or local jails that offer all forms of FDA-approved MOUD, disaggregated by: Buprenorphine, Methadone, Naltrexone

6. **Prescribing and Clinical Care**  
   a. Percent of opioid prescriptions for which naloxone is co-dispensed  
   b. Number of MOUD prescriptions, disaggregated by race, insurance, age  
   c. Percent of EDs with dedicated staff (either internal or external) who assist people with substance use disorder (SUD), such as providing SUD assessments, harm reduction services and provide linkage-to-care services

7. **Stigma Reduction**  
   a. Percent of participants (e.g., PWUD, public health practitioners, clinicians, public safety and other professionals) with knowledge about SUD  
   b. Number and description of interventions to address stigma towards PWUD among public health, public safety and health systems staff  
   c. Percentage of trained professionals who interact with PWUD (e.g., public health practitioners, clinicians, public safety staff) with knowledge of the benefits of trauma-informed care  
      - *Suggested denominator: All staff within an organization who interact with PWUD*  
   d. Percent of PWUD who report experiencing stigma or other negative behaviors towards them because of their substance use  
      - *Suggested denominator: PWUD who were surveyed and/or interviewed about their experiences receiving care*

Alternatively, propose a variation of any of the listed indicators or an alternate indicator (not a variation of any of the indicators listed) that is more feasible to implement within the project period.
Appendix 2: Anticipated Project Timeline and Required Program Activities

*Subject to change but provided for high level overview and planning purposes

September: Finalists notified and pre-award - kick-off calls with applicant teams

October – November: Final planning and convening
- Convene multi-sector partners (may be an existing coalition such as Public Health and Safety Team, Overdose Fatality Review Team, Community Health Needs Assessment/Community Health Improvement Plan Teams, etc.)
- Finalize list of indicators to pilot
- Discuss roles and responsibilities of partner organizations
  - Determine how data will be reviewed, discussed and used to inform decision-making. What is the entity that will identify recommendations and implement them? Who will be accountable? How will the data be assessed for identification and eradication of inequities?

December – January: Develop implementation plan
- Finalize the project workplan and timeline
- Identify data needed to report on selected indicators; determine which partners will collect, track and report data to health department and/or other local data intermediaries
- Identify ways partners are protecting data and using it in ways that improve outcomes but do not cause harm or re-stereotype groups
- Determine what data access is needed; execute MOAs/DSAs for data sharing
- Determine if primary data collection is needed and if feasible under this award

February – May: Data collection and analysis
- Accurately collect, report and share selected indicators at local level among partners
- Track indicators and conduct data analysis needs
- Conduct continuous improvement
  - Are any adjustments needed for data collection? Are there any concerns with data quality? Are adjustments needed to make data more useful to assess for equitable overdose reduction?

June – August: Utilize data to inform decision-making
- Use data to drive action, share anonymous or de-identified data with appropriate stakeholders and inform how interventions and systems changes are implemented at the local level
- Discuss sustainability of data collection, disaggregation, analysis for action and reporting