**New York State**
**Department of Health**
*AIDS Institute*
*Office of Drug User Health*
*and*
*Health Research Inc.*

**Request for Applications**
**RFA #23-0006**

***Addressing Drug Overdose in New York State (Outside of New York City):***
***A Harm Reduction and Health Equity Solution***

**Component A: Small Population Area**
**Component B: Large Population Area**

**This is a procurement which encompasses (2) components.**

Applicants may submit separate applications for each component. However, no more than one (1) application per component will be accepted in response to this RFA.

*KEY DATES*

| | |
|---|---|
| **RFA Release Date:** | **August 22, 2023** |
| **Applicant Conference Registration:** | **September 7, 2023, at 10:00 AM ET** |
| https://aidsinstituteny-org.zoom.us/webinar/register/WN_ikO_e_2aRdaSfg_k81a4Jw | |
| **Questions Due:** | **September 21, 2023, by 4:00 PM ET** |
| **Questions, Answers and Updates Posted: (on or about)** | **October 5, 2023** |
| **Letters of Interest Due:** | **October 10, 2023, by 4:00 PM ET** |
| **Applications Due:** | **October 24, 2023, by 4:00 PM ET** |

**DOH Contact Name & Address:**
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Senior Opioid Coordinator
Office of Drug User Health
NYS Department of Health/AIDS Institute
Email: **AIGPU@health.ny.gov**

**How to File an Application:**

Applicants must submit one PDF version of the entire application (including Application Cover page, Application checklist, narrative, and all attachments) to AIGPU@health.ny.gov by the date shown above. The subject of the email line should reference: *Addressing Drug Overdose in New York State RFA 2023*. Applications will only be accepted electronically to the Bureau Mail Log (BML) as stated in the instructions. Applications will not be accepted via fax, hard copy, courier, or hand delivery. Late applications will not be accepted.

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## I. INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI), Office of Drug User Health and Health Research Inc. (HRI) announce the availability of funds to implement interventions in community settings (outside of New York City) to prevent and respond to drug overdoses while utilizing harm reduction principles and practices and advancing health equity. The intent of the Request for Applications (RFA) is to fund $2,500,000 **per year** for three (3) years.

### A. Background/Intent

Death by overdose remains a national and statewide public health emergency. The CDC's National Center for Health Statistics released provisional data indicating that there were an estimated 107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15% from the 93,655 deaths estimated in 2020. The 2021 increase was half of what it was a year ago, when overdose deaths rose 30% from 2019 to 2020.[1] In New York, the rate of deaths involving any opioids increased over threefold from 5.0 per 100,000 in 2010 to 15.1 per 100,000 in 2019.[2] The deaths continue to climb as shown in provisional data that in October 2021 the predicted number of drug overdose deaths for New York were 3,296. In 2022, the predicted cases continued to climb to 3,360 deaths.[3]

The current trends show a widening of disparities between different populations. From 2019-2020, overdose death rates (number of drug overdose deaths per 100,000 people) increased 44% for Black people and 39% for American Indian and Alaska Native people. Most people who died from a drug overdose death had no evidence of substance use treatment before their deaths. Studies have shown that a lower proportion of people from racial and ethnic minority groups received treatment, compared to White people. Not surprisingly, some conditions in the places where people live, work, and play can widen these disparities. For example, areas with greater rates of income inequality, have shown higher rates of overdose deaths.[4]

Not only has the number of drug overdoses increased, but the drugs also related to the epidemic are evolving. Synthetic opioids continue to be a main driver of drug overdose deaths, however, deaths involving other drugs continue to be on the rise. Drug overdose deaths involving stimulants, cocaine, or psychostimulants with the potential for abuse (primarily methamphetamine) have significantly increased since 2015 from 12,122 to 53,495 in 2021.[5] The NYSDOH AI continues to expand efforts and find new interventions to meet the challenges of the changing nature of this epidemic.

The AIDS Institute is committed to eliminating new infections, improving the health and well-being of persons living with HIV, sexually transmitted infections, and viral hepatitis, and improving LGBTQIA+ and drug user health. With a priority to promote strategies through interagency and community collaborations to improve drug user health, the NYSDOH AI has been a driving force in the development of New York State's harm reduction efforts for the last 30 years. Innovation and commitment are the hallmarks of the work of the AIDS Institute's Office of Drug User Health (ODUH). NYSDOH AI has helped move harm reduction from the margin to the mainstream and seeks programming to continue to accomplish this at the local level.

Providing support to localities that focus on integrating health equity and using data to inform interventions including linkages to care, including primary care, mental health and substance use treatment, and harm reduction, is essential to assist the communities most impacted by the overdose epidemic. This evolving drug challenge requires locally tailored interventions. Through partnerships

1 U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 - But Are Still Up 15% (cdc.gov)

2 New York State Opioid Data Dashboard (ny.gov)

3 https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

4 Drug Overdose Deaths Rise, Disparities Widen | VitalSigns | CDC

5 Drug Overdose Death Rates | National Institute on Drug Abuse (NIDA) (nih.gov)

across public health, behavioral health, health systems, community organizations and public safety the infrastructure and interventions needed can be developed or expanded.

As identified by the NYS Opioid Settlement Fund Advisory Board Annual Report, incorporating peer specialists is a key component to aiding people who use drugs (PWUD) and this RFA has identified this approach as a strategy in the localities' response. Peer specialists are persons with lived and/or living experience of substance use, and who utilize a harm reduction, trauma-informed approach, have rapport and mutual respect established with PWUD and have experience working with individuals that have complex needs and their networks. They provide support to others experiencing challenges related to access to care. Their work is to provide person-centered, non-clinical, strengths-based support, harm reduction services and linkage to care.

Peer programs, which may include post-overdose outreach interventions and rapid response activities following a cluster or spike in overdoses, have shown to be an effective public health tool to reduce overdose fatalities and facilitate healthcare and social service utilization for PWUD. These engagements offer the opportunity to direct people to harm reduction services including medication for opioid use disorder (MOUD) and mental health treatment for those with co-occurring disorders, the provision of naloxone, training, and overdose prevention materials. Utilizing peers to address the social determinants of health that contribute to perpetuating an individual's vulnerability to repeated overdose is also needed. Targeting locations like the emergency room is essential because the risk of death by overdose is significantly increased in the year following an emergency room visit for a non-fatal opioid overdose.[6]

Peer Response Teams (other names include Post Overdose Response Teams, Quick Response Teams, Rapid Response Teams, and Community Response Teams, etc.) are an emerging strategy to meaningfully engage with people who have experienced an overdose. These teams follow up with patients and seek to link the patient with appropriate care ranging from harm reduction services to treatment to recovery supports. Studies have shown that the increasing number of cumulative reports of non-fatal overdose are associated with a greater risk of subsequent fatal overdose. Therefore, each non-fatal overdose significantly increases a person risk of a subsequent fatal overdose. This highlights the importance of and need for engagement with people who have experienced a recent overdose.[7] Since 2019, NYSDOH AI's own Post Overdose Response Team has been providing post overdose peer support in the Bronx and Manhattan. This project prioritizes engaging with people who have had multiple overdoses in 60 days or less.

Health equity is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health (SDOH). The NYSDOH AI is committed to achieving health equity by identifying and responding to the social determinants identified through funded programming, employing cross-sector partnerships to address the non-medical needs of patients more effectively, and by addressing institutional and structural racism to promote equal access and care for all.

Structural racism has been at the core of Black and Latinx people being treated punitively for drug use rather than for their actions such as creating or participating in treatment-based activities and programs. Scholars have noted "that federal methadone regulations, formed when opioid use disorder (OUD) predominantly affected people of color, including daily observed dosing and low thresholds for discharge, were racialized (i.e., created differently because of the race of individuals receiving treatment) and grounded in social control." Once the problem of prescription opioid use became widespread among suburban, middle-income White people opioid use disorder started to be framed

[6] Peer navigation and take-home naloxone for opioid overdose emergency department patients: Preliminary patient outcomes - Journal of Substance Abuse Treatment (jsatjournal.com)

[7] Non-fatal overdose as a risk factor for subsequent fatal overdose among people who inject drugs - ScienceDirect

as a public health concern, rather than a moral or criminal issue. While buprenorphine is a common form of treatment for OUD, Black patients still have 77% fewer chances of receiving treatment than White patients.[8]

To effectively address these racial inequities, promote health equity and prevent fatal and non-fatal overdoses, it is important to look at what communities have experienced and how they can be part of the solution. Funded applicants should proactively address intersectional factors impacting racial and ethnic disparities using a health equity framework that also examines sexism, classism, and other natures of oppression. The disparities among PWUD are inextricably linked to a complex blend of social determinants that impact health outcomes and their ability to achieve the life they want. Systematic racism has also excluded the BIPOC (Black, Indigenous, People of Color) PWUD community from being substance use practitioners and designing different approaches that work for their community. Designing interventions that reflect the priorities of the BIPOC community places their experience at the forefront allowing for more community-centered models of care. Peers are well-positioned to assess and address the needs of PWUDs since they are from the community and understand the needs and interventions that will be most effective.[9]

The intent of this funding is to fund agencies (outside of New York City), who work closely and provide support to PWUD by providing linkages to care through peer navigation and harm reduction services and activities using a heath equity lens and framework. Funded services will occur in community settings where PWUD are located, by peer specialties who will provide linkages to care and harm reduction services, including following up with PWUD who have been discharged from acute care to prevent treatment interruptions.

### B. Available Funding

Up to $2,500,000 in HRI funding is available annually to support programs funded through this RFA.

Funding will be allocated as stated in the chart below. A total of eleven (11) awards will be made annually, to include eight (8) small population area awards and three (3) large population area awards. For the purposes of this RFA, a small population area is defined as a county or group of contiguous counties with a population of at least 30,000 and up to 200,000. A large population area is defined as a county or group of contiguous counties with a population of greater than 200,000. Funding will be distributed across the eleven (11) awards as outlined below:

| **Distribution of Funds** | | | |
|---|---|---|---|
| **Type of Award** | **Population Reach** | **# Awards** | **Annual Award Amount** |
| Component A – Small population area | Population of 30,000 and up to 200,000 | 0-8 | $200,000 each |
| Component B – Large population area | Population greater than 200,000 | 0-3 | $300,000 each |

Please see the following table to show population information of eligible counties and **Map of Eligible Counties, Attachment 1** for reference.

| **Table 1 Population Information for Eligible Counties [1]** | |
|---|---|
| **County** | **Population (note below)** |
| Schoharie | 31,182 |

[8] Placing Racial Equity at the Center of Substance Use Research: Lessons From the HEALing Communities Study | AJPH | Vol. 112 Issue 2 (aphapublications.org)

[9] The Crucial Role of Black, Latinx, and Indigenous Leadership in Harm Reduction and Addiction Treatment - PubMed (nih.gov)

| | |
|---|---|
| Cortland | 47,721 |
| Chenango | 47,502 |
| Greene | 47,401 |
| Fulton | 53,654 |
| Washington | 61,335 |
| Livingston | 63,281 |
| Warren | 64,269 |
| Cayuga | 77,121 |
| Sullivan | 75,381 |
| Chemung | 84,033 |
| Jefferson | 112,266 |
| Oswego | 117,520 |
| Chautauqua | 127,516 |
| Rensselaer | 159,452 |
| Ulster | 178,510 |
| Broome | 192,222 |
| Niagara | 210,300 |
| Oneida | 229,431 |
| Onondaga | 461,890 |
| Monroe | 744,239 |
| Erie | 919,941 |
| **Notes:**[1] County population estimates were obtained by the NYSDOH Public Health Information Group from the U.S. Census Bureau. | |

Organizations that serve the following 22 high need counties (outside of New York City) are eligible to apply: Broome, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Erie, Fulton, Greene, Jefferson, Livingston, Monroe, Niagara, Oneida, Onondaga, Oswego, Rensselaer, Schoharie, Sullivan, Ulster, Warren, and Washington. See the table of population information for eligible counties shown above.

High need counties were selected by using a combination of two measures. The first measure looks at three overdose burden indicators:

1. overdose deaths involving any drug,
2. outpatient emergency room visits involving any drug overdose; and
3. hospital discharges involving any drug overdose.

The second measure uses an inequity indicator from the U.S. Census Bureau known as the Community Resiliency Estimate (CRE) to identify eligible counties. Counties with low resiliency score were assessed to determine eligibility. Low community resiliency is defined as having three or more risk factors such as income to poverty ratio; no health insurance; no vehicle access; and no broadband internet. Low resiliency indicates a community is less able to absorb, endure, and recover from a crisis.

The CRE is a relatively new tool to help us acquire this information by measuring resilience. The CRE measures the capacity of communities to absorb, endure and recover from health, social and economic impacts of a disaster such as a hurricanes and pandemics. The CRE is starting to be used less for natural disasters and more for public health initiatives. As such, it was used in combination with overdose burden to determine counties to be served.

**Applicants are requested to select their primary region of service on the Cover Page of the application.** The primary region of service for the application should be based on the location where

the highest burden is. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region. The applicant can choose to provide services in contiguous counties if they are inside the defined service region.

**Applicants may submit separate applications for each component. However, no more than one (1) application per component will be accepted in response to this RFA.** If more than one (1) application is submitted for the same component, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

- Awards will be made to the highest scoring applicants in each region, up to the maximum number of awards indicated for that region. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.

- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, HRI/NYSDOH AI reserves the right to:

    - Fund an application scoring in the range of (60-69) from a region and/or
    - Apply unawarded funding to the next highest scoring applicant(s) in other region(s) until the maximum number of awards per region is met.

- If there is an insufficient number of fundable applications in a region, the maximum number of awards may not be met for that region. HRI/NYSDOH AI reserves the right to re-solicit any region where there are an insufficient number of fundable applications.

- HRI/NYSDOH AI reserves the right to revise the award amounts as necessary due to changes in availability of funding.

- HRI/NYSDOH AI reserves the right to shift funding from one Component of the RFA to another Component should there be an insufficient number of fundable applications received in any Component.

Should additional funding become available, the NYSDOH AI and HRI may select an organization from the pool of applicants deemed not funded, due to limited resources. If it is determined that the needed expertise/services are not available among these organizations, the NYSDOH AI and HRI reserve the right to establish additional competitive solicitations.

## II. WHO MAY APPLY

### A. Minimum Eligibility Requirements

All applicants must meet the following minimum eligibility requirements for Component A and Component B:

- Applicant must be a not-for-profit agency in New York State (NYS) including hospitals, health care systems, primary care networks, academic institutions, community-based organizations, voluntary associations, voluntary agencies that operate OASAS-certified, funded or otherwise authorized SUD treatment programs, voluntary agencies that operate OMH-licensed mental health services programs, scientific /professional associations or be a local government/public health agency.

- Applicant must submit **Attachment 2** - **Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on

**Attachment 2.**

- Applicant must propose to implement strategies and best practices only in the high need county/counties listed as shown in the RFA. **Applicants do not need to be located within the high need county/counties they propose to serve**.

- Applicant must propose to serve only the high need county/counties listed as shown in the RFA. **Applicants proposing to serve additional counties outside of those listed as high need within the RFA will be disqualified.**

- Applicant must propose to partner with at least two (2) other organizations (funded or in-kind) to help implement strategies and best practices. The minimum of two partnerships must include:
    - 1) a Local Health Department and
    - 2) a Drug User Health Hub/Syringe Service Program.

  **Letters of Support (LOS) from a Local Health Department and a Drug User Health Hub/Syringe Service Program** and any other partnering organization must be submitted as **Attachment 3**. ***Applicants who do not propose to partner with and do not provide a LOS from BOTH a Local Health Department and a Drug User Health Hub/Syringe Service Program will be disqualified.***

- Applicant must obtain a **Data Use Agreement (DUA) Letter of Support** from a Local Health Department that is within the area where the services will be provided that the Local Health Department will engage in data sharing to inform intervention and activities. **The DUA Letter of Support** must submitted as **Attachment 4**.

- Applicant must **not** be a recipient of Overdose Data to Action: Limiting Overdose through Collaboratives Actions in Localities (OD2A: LOCAL), CDC-RFA-CE-23-0003 funding through the Centers for Disease Control and Prevention. Any applicant who receives OD2A: LOCAL funding through the Center for Disease Control is not eligible for this funding.

## III. PROJECT NARRATIVE

### A. Program Model Description

**Component A and B Descriptions:** Both Components A and B will be required to engage in linkage to care utilizing peer specialists and harm reduction interventions. Overarching principles of using data to inform interventions and health equity should guide all proposed activities.

Funding will provide linkages to care utilizing peer specialists who will work directly with people who use drugs to ensure they have the tools to address barriers to seeking care and those with co-occurring disorders to seek mental health treatment. Peer specialists will also support people who use drugs to access treatment, including low-threshold Medication for Opioid Use Disorder (MOUD) and support their retention (and re-engagement if necessary) for substance use disorders (SUD) treatment and care, as well as support access to other services, such as harm reduction and social supports.

Utilizing harm reduction is at the foundation of this funding opportunity. Harm reduction is a set of practical strategies and interventions aimed at reducing negative consequences associated with drug use. It is grounded in, informed by, and emerges from the lived experience of people who use drugs. Harm reduction recognizes that people's drug use is experienced on a continuum that ranges from beneficial to harmless to deadly. Harm reduction embraces social justice reform because it recognizes that substance use is frequently a response to personally experienced trauma growing from oppression and inequality.

Funding will allow for harm reduction activities, which decrease overdose fatalities, blood borne, (HIV, HCV, etc.), soft-tissue and other infections, and other negative outcomes related to substance use. Activities such as connecting PWUD with harm reduction programs such as Drug User Health Hubs and Syringe Service Programs and including PWUD in agency policy and program development empower PWUD and creates meaningful engagement. Other harm reduction activities include but are not limited to: naloxone distribution, provision of overdose and safer use education and training, access to drug checking tools and services such as mass spectrometers and drug test strips (DTS), access to low-threshold medication for opioid use disorder (MOUD) and other clinical support such as linkage to mental health treatment, as well assist to address the social determinants of health that contribute to perpetuating an individual's vulnerability to repeated overdose. Organizations can also establish Harm Reduction Supply Vending Machines and/or Naloxone Housing Units as well as develop mobile and telehealth models of delivery of timely harm reduction and clinical services to populations at high risk of overdose.

This funding will provide for the creation or the support of an Overdose Rapid Response Team, (ORRT), which is the "boots on the ground" program that would serve counties and regions that are experiencing a high burden of overdose spikes and clusters. The ORRT would support targeted local efforts to address overdose spikes in their communities' utilizing data from varied sources. There are several data sources such as but not limited to data from Emergency Medical Services, which indicates where and when suspected overdose (OD) occur as well as if there were multiple potential OD at the scene; Electronic Syndromic Surveillance System (ESSS) which indicates to which hospitals a suspected OD has presented and can determine if the individual has presented previously to that hospital post suspected OD or other substance use or mental health-related complaint; and Overdose Detection Mapping Application Program (ODMAP) which provides near real-time suspected overdose surveillance data to support public safety and public health efforts in mobilizing an immediate response to a sudden increase or spike in overdose events. Some of this data is routinely provided to Local Health Departments (LHDs), therefore for applicants that are not LHDs, they will need to demonstrate they have a relationship with the county LHD to receive this data for targeted rapid response.

Models of ORRT could include targeting the most vulnerable populations at risk of overdose and are deployed to select overdose "hot spots" for focused outreach in neighborhoods, parks, businesses, apartment complexes and abandoned buildings, as well as targeting individuals that have been identified as high risk of repeated overdose who have repeatedly presented at local Emergency Departments, Community Based Organization including a Drug User Health Hub/Syringe Service Program, Federally Qualified Health Centers, other public safety settings (jail, court, police department) post suspected OD or other substance use or mental health-related complaint.

NYSDOH AI encourages a single program that works in multiple settings rather than multiple programs serving different settings. Programs that have touchpoints in various settings can streamline care, engage partners and build a strong infrastructure. Activities should ensure, through data to action, partnerships, and insights from PWUD and historically underserved populations, that they are reaching populations most at risk of overdose, those traditionally underserved in SUD treatment settings and those disproportionately affected by overdose.

The applicant can choose to provide services in contiguous counties if they are inside the defined service region. See **Attachment 1 – Map of Eligible Counties.**

**Component A (Small Population Area)-Staffing Requirement:** A minimum of one (1) full time peer specialist embedded or employed at the applicant's agency. Peer salaries and benefits should reflect the value placed on the unique experience and services they provide while affording, minimally, a "livable wage". Peer compensation is subject to further review by the AIDS

Institute during the contract negotiations. If an applicant is awarded funding, the position(s) must be hired within the first 6 months of the contract start.

**Component B (Large Population Area)- Staffing Requirements:** A minimum of two (2) full-time peer specialists embedded or employed at the applicant's agency. Before hire, NYSDOH AI will approve of the peer specialist(s)' salary and benefits package. If an applicant is awarded funding, the position(s) must be hired within the first 6 months of the contract start.

**Component A and B- Required Settings for Peer Specialist Services:** Funded applicants will be expected to provide peer services in at least (2) settings outlined below in the following high-risk settings located in their catchment area:

- Local County Jails;
- Emergency Departments, Hospitals, Federally Qualified Health Center and/or Primary Care Settings;
- Police Departments and Fire Departments (work with Law Enforcement and First Responders, including but not limited to EMS);
- Drug User Health Hubs and Syringe Services Programs;
- Local Departments of Health; and
- Other innovative locations where PWUD congregate.

**Component A and B- Priority Population:** Persons who are:

- population groups/subgroups at risk for drug overdose;
- those at high risk for overdose death; and
- those at disproportionate risk of drug overdose who experience racial/ethnic or socioeconomic disparities (inadequate access to care, poor quality of care, or low income).

**Component A and B- Anticipated Outcomes:**

- Increased use of comprehensive and actionable data to inform interventions;
- Increased employment of people with lived experience (PWLE) to be peer specialists;
- Increased use of peer specialists to link PWUD to care and services;
- Increased engagement with individuals that have previously experienced an overdose, have co-occurring disorders and/or substance use disorder;
- Increased partnerships, collaborations, and bidirectional referrals amongst organizations working in overdose prevention;
- Improved identification of and outreach to people in need of care and services for SUD and co-occurring disorders;
- Increased access to harm reduction services for PWUD, including increased distribution of harm reduction supplies;
- Increased number of PWUD that are engaged and accessing harm reduction services;
- Decreased fatal and non-fatal drug overdoses, overall:
    - Involving opioids and/or stimulants among populations disproportionately affected by overdose;
- Improved health equity among groups disproportionately affected by overdose and those previously underserved; and
- Increased adoption of harm reduction strategies and principles.

Applicants may subcontract components of the scope of work up to 50%. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH AI. All subcontractors should be approved by the NYSDOH AI.

## B. Requirements for the Program

**For Component A and Component B, funded applicants will be expected to implement the following activities and services:**

1. **Use Overdose Data to Inform Interventions (Required Strategy)**
   Required Activity
   a. Gain access and utilize data sources such as but not limited to Electronic Syndromic Surveillance (ESS) data and Emergency Medical Services (EMS) data in conjunction with other timely data sources such as Overdose Detection Mapping Application Program (ODMAP), to inform peer navigation activities related to rapid response.

   Examples of other optional activities include, but are not limited to:
   a. Utilizing a variety of data sources including Coroner/Medical Examiner mortality data and other data sources to determine target areas and populations. Use this data to inform peer specialist activities.

2. **Linkages to Care (Required Strategy)**
   Required Activities include:
   a. Ensuring at least a minimum of one (1) full time peer specialist for small population areas and a minimum of two (2) peer specialists for large population areas are hired within the first six (6) months and before hire, NYSDOH AI will approve of the peer specialist(s)' salary and benefits package;
   b. Developing support system for peers which includes wellness checks and system to address vicarious trauma or other mental health needs;
   c. Developing protocols for training and on-going professional development for peer specialist(s);
   d. Developing protocols for peer support interventions and how PWUD will access services;
   e. Demonstrating engagement with individuals that have recently experienced an overdose as part of rapid response efforts to a suspected overdose spike;
   f. Linking people who use drugs to evidence-based treatment and harm reduction services as well as engagement in care such as peer support groups or linkages to community-based self-help groups, increasing access and retention to care through telehealth and resources across various settings including community, healthcare, and public safety settings; and
   g. Providing follow up for PWUD who have been discharged from acute care settings to prevent treatment interruptions.

   Examples of other optional Linkages to Care Activities include but are not limited to:
   a. Developing protocols such as engaging in various medical, first responder and public safety settings;
   b. Providing linkages to care services delivered by peer specialists or Certified Recovery Peer Advocates, and/or persons with lived experience;
   c. Coordinating peer response efforts for hospital Emergency Departments, law enforcement agencies and first responders; and
   d. Conducting outreach and providing linkages to care to individuals/ who have experienced an overdose and their friends and/or family.

3. **Harm Reduction (Required Strategy)**
   Required Activities include:

a. Connecting with DUHH/SSP and treatment providers, including mental health treatment, to improve the availability and accessibility of Medication for Opioid Use Disorder (MOUD) Medicated Assisted Treatment (MAT) for PWUD that is not predicated on cessation of drug use;
b. Inviting and meaningfully including PWUD in policy and program development, decision-making, and in advisory roles on committees; and
c. Promoting the 911 Good Samaritan Law to increase individual familiarity and comfort with overdose response.

Examples of other optional Harm Reduction activities include:

a. Promoting Drug User Health Hub or Syringe Services Providers;
b. Developing a plan to distribute and educate on Fentanyl Test Strips, syringes, naloxone and other harm reduction supplies, such as safer use supplies, to PWUD;
c. Conducting a needs assessment and establish Naloxone Housing Units and/or Vending Machines;
d. Conducting education about local drug supply and safer drug use;
e. Facilitating access to low-threshold treatment for substance use disorder through co-location with harm reduction services;
f. Becoming a 1st or 2nd Tier Syringe Service Program and conducting mobile safer use supplies;
g. Assisting PWUD with obtaining access to drug testing technology; and
h. Facilitating access to treatment of co-occurring disorders.

**4. Evaluation (Required Strategy)**

a. Funded applicants for Component A are required to evaluate at least one of the required strategies. Funded applicants for Component B are required to evaluate at least two of the required strategies.

**5. Demonstration of a Commitment to Health Equity**

Demonstrate a commitment to health equity: Health equity is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education, health care/services, and safe environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma) and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race, racism, and genocide in the United States that perpetuate many of the racial inequities we see manifested today. Because health equity can never truly be achieved without racial equity, we work toward achieving both.

The NYSDOH AI works closely with its community partners to identify and respond to current needs. The needs are wide and varied, but they center on addressing social determinants, socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare services and discrimination.

The NYSDOH AI is committed to ensuring our funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health and social inequities. We are all accountable to pay attention to the intersections of race and health equity. We are committed to the implementation of new and tailored approaches to address the challenges faced by our Black/Brown, Indigenous, and People of Color communities. In our mission to ensure that everyone has a fair chance to experience optimal health, we are employing the following health equity principles:

- Be Explicit.

- Identify and Effectively Address Racism and Racial Implicit Biases.
- Adopt a “Health in all Policies” Approach.
- Create an Internal Organization-Wide Culture of Equity.
- Respect and Involve Communities in Health Equity Initiatives.
- Measure and Evaluate Progress in Reducing Health Disparities.

All activities will have a framework of Health Equity. The applicant must demonstrate a commitment to health equity which the NYSDOH AI defines as follows: Health equity is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education, health care/services, and safe environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma) and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race, racism, and genocide in the United States that perpetuate many of the racial inequities we see manifested today. Because health equity can never truly be achieved without racial equity, we work toward achieving both.

The NYSDOH AI works closely with its community partners to identify and respond to current needs. The needs are wide and varied, but they center on addressing social determinants, socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare services and discrimination.

**6.** All funded applicants will be required to:
   a. ensure all activities are inclusive of populations disproportionately affected by drug overdose and death, and ensure that the needs of persons with disabilities, people with limited health literacy, racial and ethnic groups, and the LGBTQIA+ populations are included in activities; and
   b. complete the 12-module, free online Health Equity in the Response to Drug Overdose Training that was funded by the National Association of County and City Health Officials (NACCHO) and the CDC and submit their completion certificate to the NYSDOH.

**7.** Adhere to Health Literacy Universal Precautions (https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html);

**8.** Identify and serve a cross-section of clients who are representative of the overall priority population: groups/subgroups at risk for drug overdose, those at high risk for overdose death and those at disproportionate risk of drug overdose who experience racial/ethnic or socioeconomic disparities (inadequate access to care, poor quality of care, or low income) within the selected community as shown in **Attachment 5 – Populations to be Reached/Served.**

**9.** Participate in a collaborative process with the NYSDOH AI to assess program outcomes and provide quarterly narrative reports and performance measures, monthly check-in meetings and monthly office hours with all funded programs. Programs are expected to describe their progress with respect to: 1) implementation, 2) client recruitment, 3) significant accomplishments achieved, and 4) barriers encountered and plans to address noted problems.

10. Submit statistical reports on clients served, and other data using the AIDS Institute Reporting System (AIRS). Successful applicants must demonstrate the capacity to collect and report all required data, both personnel and hardware-related using AIRS. AIRS is a data reporting system that is required by the NYSDOH AI to report client demographic information as well as program activities. NYSDOH AI requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. NYSDOH AI provides and supports the AIRS software to enable providers to meet data submission requirements. Details on this software product may be obtained by accessing the following Internet address, www.airsny.org.

11. Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or determinants can lead to disparities and ultimately inequities in health and health outcomes. Strategies should prioritize those populations that are most impacted, negatively, by social and structural determinants of health. Please see **Attachment 6** for **Health Equity Definitions and Examples** of social and structural determinants of health.

## IV. ADMINISTRATIVE REQUIREMENTS

### A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute (hereinafter referred to as NYSDOH AI, or the Department), Office of Drug User Health and Health Research Inc. The Department and HRI are responsible for the requirements specified herein and for the evaluation of all Applications. *See,* Section V.C. (Review and Award Process).

### B. Question and Answer Phase

All substantive questions must be submitted via email to:

AIGPU@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. **Written questions will be accepted until the date posted on the cover of this RFA.** Questions of a technical nature can also be addressed in writing at the email address listed above. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

**All questions submitted should state "*Addressing Drug Overdose in NYS RFA*" in the subject line.**

This RFA has been posted on HRI's public website at: http://www.healthresearch.org/funding-opportunities. Questions and answers, as well as any updates and/or modifications, will also be posted on HRI's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

### C. Letter of Interest

Applicants are strongly encouraged to complete and submit a Letter of Interest (LOI) by the date specified on the Cover Page of this RFA. LOIs should be submitted to AIGPU@health.ny.gov. Please ensure the RFA number is noted in the subject line. The purpose of an LOI is to allow NYSDOH/HRI

to estimate the number of and plan for the review of submitted applications. Submission of a letter of interest is not a requirement or obligation upon the applicant to apply in response to this RFA. Applications may be submitted without first having submitted a letter of intent/interest.

### D. Applicant Conference

An Applicant Conference will be held for this project. This conference will be held on the date and time shown on the cover of the RFA. The Department requests that potential Applicants register for this conference by clicking on the following link to ensure that adequate accommodations be made for the number of prospective attendees.
https://aidsinstituteny-org.zoom.us/webinar/register/WN_ikO_e_2aRdaSfg_k81a4Jw

The failure of any potential Applicant to attend the Applicant Conference will not preclude the submission of an Application by that Applicant.

### E. How to File an Application

Applicants must submit one PDF version of the entire application (including Application Cover Page, Application checklist, narrative and all attachments) to AIGPU@health.ny.gov by 4:00 PM ET on the date posted on the cover page of this RFA. The subject of the email line should reference ***Addressing Drug Overdose in NYS RFA.***

*It is the applicant's responsibility to see that applications are emailed to AIGPU@health.ny.gov by 4:00 PM ET on the date specified. **Applications will only be accepted electronically to the Bureau Mail Log (BML) as stated in the instructions. Applications will not be accepted via fax, hard copy, courier, or hand delivery. Late applications will not be accepted.**

### F. Department of Health's and HRI's Reserved Rights

The Department of Health and HRI reserve the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's or HRI's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.

16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State and HRI.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state and HRI.

## G. Term of Contract

Any Contract resulting from this RFA will be effective only upon approval by Health Research, Inc. **Refer to Attachment 7 – General Terms and Conditions – Health Research Incorporated Contracts**. Contracts resulting from this RFA will be for 12-month terms. The anticipated start date of contracts is April 1, 2024. HRI awards may be renewed for up to two (2) additional annual contract periods based on satisfactory performance and availability of funds. HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding.

## H. Payment & Reporting Requirements of Grant Awardees

1. Due to requirements of the funder, no advance payments will be allowed for HRI contracts resulting from this procurement.

2. The funded contractor will be expected to submit voucher claims and reports of expenditures in the manner that HRI requires. Required forms will be provided with the contract package.

All payments and reporting requirements will be detailed in Exhibit "C" of the final contract.

## I. General Specifications

1. By signing **Attachment 8, Application Cover Page,** each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractors will possess, at no cost to HRI, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by HRI and the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in **Attachment 8 - Application Cover Page**.

4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default

    a. The services to be performed by the Applicant shall be at all times subject to the direction and control of HRI and the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, HRI and the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

c. If, in the judgment of the Department and HRI, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State and HRI, the Department and HRI acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

6. Applicant must maintain an active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

## V. COMPLETING THE APPLICATION

### A. Application Format and Content

Please respond to each of the following statements and questions. Your responses comprise your application. ***Number/letter your narrative to correspond to each statement and question in the order presented below.*** Be specific and complete in your response. Indicate if the statement or question is not relevant to your agency or proposal. The value assigned to each section is an indication of the relative weight that will be given to that section when your application is scored.

An applicant checklist has been included to help ensure that submission requirements have been met. Applicants should review this attachment before and after writing the application. **In assembling your application, please follow the outline provided in the Application Checklist - Attachment 9*.***

Applications should not exceed ten (10) double-spaced pages, (not including the budget, and all attachments) using a 12-pitch type font with one-inch margins on all sides. Pages should be numbered consecutively, including all attachments. The **Application Cover Page (Attachment 8)**, Program Abstract, budget and budget justification, and all attachments are **not included** in the ten (10) page limitation. Please submit only requested information in attachments and do not add attachments that are not requested. **Failure to follow these guidelines will result in a deduction of up to ten (10) points.** When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

**Application Format**

| | | | |
|---|---|---|---|
| 1. | Program Abstract | Not Scored | |
| 2. | Community and Agency Description | Maximum Score: | 15 points |
| 3. | Health Equity | Maximum Score: | 15 points |
| 4. | Program Design and Implementation | Maximum Score: | 50 points |
| 5. | Budget and Justification | Maximum Score: | 20 points |
| | | | 100 points |

**1. Program Abstract** **Not Scored**

Applicants should provide a program abstract with the following information:

1a) Describe the proposed program detailing the program design, counties to be served, location of the services and partnerships to provide peer services.

1b) What are the Project goals and objectives?

1c) Describe the priority population. Indicate the total number of unduplicated clients to be served.

1d) Describe anticipated outcomes and challenges in delivering the proposed program services to underserved populations? How will success be measured?

**2. Community and Agency Description** **Total 15 Points**
**Maximum Pages: 2 pages**

2a) Describe why your organization is qualified to implement the proposed program model outlined in **Section III Program Model Description** and your organization's experience with employing and supporting peer specialists and providing peer services. Include both quantitative and qualitative evidence to address these questions. Applicants are instructed to complete and submit the **Funding History for PWUD as Attachment 10 and submit an Organizational Chart for Peer Programming as Attachment 11.**

2b) Provide an estimate of the number of clients your organization proposes to serve and the reach of the program. In what capacity has your organization worked with people who are at risk for drug overdose and people who use drugs, especially those who experience racial/ethnic or socioeconomic disparities (such as inadequate access to care, poor quality of care, or low income)?

2c) What are the other programs and agencies, especially LHD or DUHH/SSP, in your county or contiguous county coverage that are relevant to your proposed program model? Describe how you will leverage these programs to maximize benefit to PWUD in your community without supplanting other resources.

2d) Please describe any current or prior grants your organization has received from the NYSDOH AI that are relevant to this proposal. Include the results of the program and successes of those grants. OR, if your organization has not received funding from the NYSDOH AI, please state this and describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

**3. Health Equity** **Total 15 Points**
**Maximum Pages: 2 pages**

3a) Which SDOH barriers will you address with the priority population served by this funding?

3b) Please provide the most current data that you have used to identify the SDOH barriers affecting the population served by the funding.

3c) Describe how will you monitor and evaluate the immediate impact of your efforts to address the SDOH. (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their adherence with treatment?)

3d) What is your organization's policy around addressing SDOH? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?

3e) How does the organization's leadership reflect the population served?

**4. Program Design and Implementation** **Total 50 Points**
**Maximum Pages: 6 pages**

4a) Describe specific strategies and best practices for implementing the program services your agency proposes in the high need county/counties listed in the RFA, in peer settings and proposed services in rural parts of the county and contiguous counties, as appropriate.

4b) Describe your overall program design, highlighting the difference between peer services that will occur daily and those that will occur due to a rapid response with the ORRT Team. Include what the ORRT Team will look like and how it will function with other stakeholders. Include specific strategies for implementing the program services and complying with the Program Model. Describe any innovative strategies you will utilize to implement your program model. Strategies should align with AI standards and the information found in **Section III Program Model Description**.

4c) Describe key community partnerships required for successful implementation of the proposed program, especially highlighting LHD and DUHH/SSP relationships with your organization. Describe how client access to and engagement in these services will be facilitated, coordinated, recorded and reported.

4d) Describe the policy and procedures your organization has in place to employ peer specialists and to support peer work, especially strategies to address burnout and/or vicarious trauma.

4e) What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?

4f) Describe how your program will provide continuous monitoring and evaluation of the proposed program activities.

4g) Indicate previous outcomes and any changes that were made to the model being proposed to improve it. If this is a new service, include a rationale for why your organization expects this model will work. Include any evidence of pilot programs to demonstrate potential success.

4h) Describe how data will flow from point of service delivery to entry into AIRS. Include how your organization will collect, analyze and report client level and programmatic data.

4i) How does your proposed staffing plan meet the criteria listed in Section III.B. Requirements for the Program? Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures and experience required for each position. Staff roles and responsibilities for AIRS activities (System administration, data entry, data quality control) and NYSDOH AI reporting should be included. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are instructed to complete **Attachment 12** – **Agency Capacity and Staffing Information** and submit an **Agency Organizational Chart** as **Attachment 13**.

**5. Budgets and Justifications** **Total 20 Points**

*Complete and submit a budget following these instructions:*

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget should be prepared for the period of April 1, 2024 – March 31, 2025. Complete all required Budget Pages. See **Attachment 14- HRI Expenditure Based Budget Summary**. Instructions for completing the budget forms are included as **Attachment 15**. All budget lines should be calculated using whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable.

5b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5c) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Supplies, Travel, Equipment, Space/Property, Telecommunications, Miscellaneous costs, and Contractual Expenses.

5d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the **Statement of Activities** from your yearly audit for the last three (3) years as **Attachment 16.** The **Statement of Activities** must show total support and revenue and total expenditures.

5e) Applicants are required to submit a copy of the agency's most recent **Yearly Independent Audit** attached as **Attachment 17.**

5f) Applicants are required to submit a copy of their **Agency Time and Effort Policy** as **Attachment 18.**

5g) Funding requests must adhere to the following guidelines:

- An indirect cost rate of up to 10% of total modified direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed program or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

## B. Freedom of Information Law

All applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as**

**an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If NYSDOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

### C. Review & Award Process

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the NYSDOH AI using an objective rating system reflective of the required items specified for each component.

The NYSDOH AI anticipates that there may be more worthy applications than can be funded with available resources. Please see Section I. B of the RFA for specific review and award information. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) not funded, due to limited resources, and 3) not approved. Not funded applications may be awarded should additional funds become available.

In the event of a tie score, the applicant with the highest score for Section 3 – Health Equity – will receive the award.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

NYSDOH AI and HRI reserve the right to revise the award amounts as necessary due to changes in the availability of funding. If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. NYSDOH AI and HRI reserve the right to review and rescind all subcontracts.

Once the awards have been made, applicants not funded may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at *http://www.osc.state.ny.us/agencies/guide/MyWebHelp*. (Section XI. 17.)

To request a debriefing, please send an email to Elizabeth Girolami at: **AIGPU@health.ny.gov**. In the subject line, please write: *Debriefing Request: Addressing Drug Overdose in New York State RFA.*

## VI. ATTACHMENTS

Attachment 1: Map of Eligible Counties**
Attachment 2: Statement of Assurances*
Attachment 3: Letters of Support (from Local Health Department AND Drug User Health Hub/Syringe Services Program)*
Attachment 4: DUA Letter of Support (from Local Health Department)*
Attachment 5: Populations to be Reached/Served*
Attachment 6: Health Equity Definitions and Examples**
Attachment 7: HRI General Terms and Conditions**
Attachment 8: Application Cover Page*
Attachment 9: Application Checklist*
Attachment 10: Funding History for PWUD Services*
Attachment 11: Organizational Chart for Peer Programming*
Attachment 12: Agency Capacity and Staffing Information*
Attachment 13: Agency Organizational Chart*
Attachment 14: HRI Expenditure Based Budget Summary*
Attachment 15: Instruction for Completion of Budget Forms**
Attachment 16: Statement of Activities for past three (3) years*
Attachment 17: Yearly Independent Audit*
Attachment 18: Agency Time and Effort Policy*

*These attachments are **required** and must be submitted with your application.

**These attachments are for applicant information only. These attachments do not need to be completed.