

REQUEST FOR PROPOSALS (RFP)

Rapid Response Opioid and Pain Management ECHO

I. Summary Information

Purpose: To identify a qualified partner organization to design, deliver, and evaluate a Rapid Response Opioid and Pain Management Extension for Community Healthcare Outcomes (ECHO) to support healthcare providers managing patients affected by prescription controlled substance disruptions.

Proposal Due Date and Time: Wednesday, November 26, 2025, 5:00 pm ET

Selection Announcement Date: Monday, December 8, 2025

Maximum Funding Amount: \$140,000

Estimated Period of Performance and Final Report Date: December 22, 2025 – July 31, 2026

ASTHO Point of Contact: Richa Ranade, rranade@astho.org

II. Description of RFP

Purpose

This RFP solicits proposals from experienced organizations to implement a Rapid Response Opioid and Pain Management ECHO to train clinicians in primary care pain management strategies, including non-opioid and non-pharmacologic treatment options, substance use screening, risk reduction counseling, and tapering strategies for opioids and benzodiazepines. The program will build clinical and public health capacity to ensure continuity of care for patients affected by prescription controlled substance disruptions, while promoting compassionate, evidence-based approaches that avoid stigmatizing patients in continuing medical care. By strengthening provider readiness, the program aims to reduce risks of patient withdrawal, mental health crisis, return of uncontrolled pain, and overdose.

Background

The Association of State and Territorial Health Officials (ASTHO) is a national nonprofit dedicated to supporting state and territorial public health officials and advancing effective public health policies across the country. In partnership with its members and federal agencies, ASTHO strengthens public health leadership, builds capacity through technical assistance and

knowledge-sharing, and advocates for policies and resources that improve health and well-being nationwide.

ASTHO leads national efforts to build state and territorial capacity to prepare for and respond to overdose-related emergencies. One type of critical threat is a disruption in access to prescription opioids or other controlled substances (prescription controlled substance disruptions). Such events can abruptly displace patients from care, leaving them at heightened risk of unmanaged withdrawal, return of uncontrolled chronic pain, transition to illegal drug use, and ultimately, overdose.

To address these risks, ASTHO's opioid preparedness framework equips jurisdictions with strategies to anticipate and respond effectively to prescription controlled substance disruptions. Core elements include:

- Developing written response protocols for communication, patient risk assessment, and coordination across systems.
- Conducting scenario-based preparedness exercises to test and refine response capacity.
- Building cross-sector networks of response partners who can be activated during prescription controlled substance disruptions.
- Providing on-demand preparedness resources adaptable to local contexts.

These strategies strengthen the ability of state and territorial health agencies to coordinate a rapid, organized response. However, even with strong protocols and partnerships in place, jurisdictions report persistent challenges with linking impacted patients with clinicians who can continue their care. Primary care providers are often the first, and sometimes only, point of contact for patients displaced from long-term opioid therapy or other care involving prescribed controlled substances. Many clinicians have limited training or experience in managing long-term opioid therapy, tapering protocols, or initiating medications for substance use disorder. Without support, patients face higher risks of withdrawal, unmanaged pain, or transition to illegal drug use.

The Rapid Response Opioid and Pain Management ECHO is designed to bridge this gap by creating a structured community of practice where primary care clinicians and other providers can access expert guidance, share deidentified case studies, and build confidence to welcome new patients that have experienced a disruption. The ECHO ensures that ASTHO's preparedness and response framework is supported with clinical readiness on the front lines. This alignment between jurisdictional planning and clinical capacity is critical to safeguarding patient safety and improving outcomes when prescription controlled substance disruptions occur.

Project Activities

The selected partner will be responsible for designing, implementing, and evaluating the Rapid Response Opioid and Pain Management ECHO. Activities include:

- Developing a curriculum and session plan tailored to opioid and pain management (topics to include, but not limited to primary care pain management strategies, including non-opioid and non-pharmacologic treatment options, substance use screening, risk reduction counseling, and tapering strategies for opioids and benzodiazepines).
- Assembling a multidisciplinary hub team of subject matter experts (e.g., pain management, addiction medicine, pharmacy, behavioral health).
- Recruiting and engaging healthcare providers likely to serve patients affected by prescription controlled substance disruptions.
- Delivering two ECHO cohorts, each consisting of at least six sessions that combine didactic presentations with interactive case-based learning.
- Offering continuing education credits to participants.
- Coordinating closely with ASTHO and CDC through regular planning calls and updates.
- Collecting evaluation data, submitting progress reports, and delivering a final evaluation report summarizing outcomes and lessons learned.

Expected Outcomes

- Providers have increased confidence and competence in managing chronic pain patients and patients taking long-term opioid therapy.
- States and territories strengthen their provider networks for overdose prevention and response.
- Patients impacted by prescription controlled substance disruptions are more likely to receive safe, timely, and coordinated care.

Deliverables and Timeline

Task/Deliverable	Estimated Due Date
Submit detailed workplan outlining ECHO activities for the project year	Within 15 days of contract execution
Submit curriculum, slides, hub team resumes, and continuing education (CE) accreditation plan for review/approval	January 30, 2026
Incorporate timely ASTHO and CDC feedback into curriculum and session design; resubmit updated materials for approval.	Prior to Cohort 1 launch (March 2026) and as needed throughout implementation
Recruit and confirm participants for Cohort 1; submit registration report	February 20, 2026
Launch and implement Cohort 1 (minimum 6 sessions)	March-April 2026

Recruit and confirm participants for Cohort 2; submit outreach report	April 24, 2026
Submit midpoint progress summary (including Cohort 1 evaluation findings)	May 15, 2026
Launch and implement Cohort 2 (minimum 6 sessions)	May-June 2026
Provide monthly written updates to ASTHO	Ongoing
Participate in bi-weekly planning calls with ASTHO and CDC	Ongoing
Submit final evaluation report summarizing outcomes and recommendations	July 31, 2026

Availability of Funds

ASTHO intends to make one award under this RFP. The maximum funding available is \$140,000. The agreement will be structured as a fixed price contract. The project period is anticipated to run from as early as December 22, 2025, through July 31, 2026, with all activities and reporting completed by the final report due date.

Evaluators

Proposals will be reviewed by ASTHO staff in consultation with relevant CDC Division of Overdose Prevention staff.

III. Requirements for Financial Award

Allowable Expenses

Reasonable costs for staff, faculty honoraria, CE accreditation, participant support, and evaluation are allowable. No funds may be used for equipment purchases. Per the federal Department of Health and Human Services' requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (**currently \$225,700**).

Required Grant Activities to be Covered by Award

Awardees must cover all costs associated with curriculum development, hub team participation, ECHO delivery, CE accreditation, and evaluation.

Period of Performance: December 22, 2025 through July 31, 2026

Reporting Requirements:

- Monthly written updates to ASTHO.
- Participation in bi-weekly planning calls.
- Midpoint progress summary.

- Final evaluation report.

Additional Requirements

Applicants must demonstrate prior experience implementing Project ECHO or a comparable tele-mentoring model.

IV. Required Proposal Content and Selection Criteria

Proposals may not exceed 5 pages, excluding resumes and budget, and should be single-spaced in 11-point font. Required sections:

- Cover Letter** (5 points)
 - Identify lead programmatic and fiscal/contractual contacts with name, title, mailing address, e-mail, and phone number.
- Proposed Approach** (25 points)
 - Describe the approach to accomplishing project activities, including a detailed workplan, timeline, and milestones.
- Prior Experience and Performance** (20 points)
 - Summarize relevant experience implementing ECHO or similar programs that improve care while encouraging patients to continue medical care from providers. Provide examples of recent projects with a comparable scope.
- Organizational Capacity** (15 points)
 - Describe organizational structure, staff qualifications, and capacity to deliver this project. Include resumes for key personnel. Applicants should also demonstrate the ability to be responsive to feedback and input from ASTHO, CDC, and other key stakeholders to ensure the program meets evolving needs.
- Budget and Budget Narrative** (10 points)
 - Submit a detailed fixed price budget with narrative justification. If indirect costs are included, provide a copy of the approved Indirect Cost Rate Agreement.
- Response to ASTHO Contract Terms and Conditions** (5 points)
 - Confirm willingness to enter ASTHO's standard agreement. Identify any proposed changes with justification.
- Sustainability** (5 points)
 - Describe how lessons learned, and capacity developed through this project will be sustained beyond the period of performance.
- References** (5 points)
 - Provide at least three current references and one example of recent work (within three years) of similar scope.
- Evaluation Plan** (10 points)
 - Outline methods for measuring project success, including how participant learning and program impact will be assessed.

V. Submission Information

Application Procedure

Applications must be received by ASTHO no later than **5:00 p.m. ET on November 26, 2025**. Submit an electronic copy of the application to Richa Ranade, rranade@astho.org. Incomplete or late applications will not be considered.

Timeline

- **RFP released:** October 31, 2025
- **Deadline for submission:** November 26, 2025, 5:00 pm
- **Award announced:** December 8, 2025
- **Contract period commences:** after December 22, 2025
- **Mid-project report due:** May 15, 2026
- **Final report due:** July 31, 2026

Applicant Questions and Guidance

ASTHO will support interested applicants by offering guidance and addressing specific questions about the RFP. Interested parties may contact ASTHO staff via e-mail (rranade@astho.org). Q&A will be posted regularly on the RFP page.

Disclaimer Notice:

This RFP is not binding on ASTHO, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall ASTHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.