Rapid Response Opioid and Pain Management Request for Proposals

Q & A

Updated Monday, November 17, 2025

1. **Question:** Are you expecting new or revised, updated curriculum?
   Answer: The project will require the contractor to develop a curriculum that covers the required components, meets the current training needs of participants, and aligns with the goals and priorities of the funders. To develop the curriculum, the contractor may create new content, revise, modify, or adapt existing materials, or use a combination of these approaches.

2. **Question:** How will the jurisdictions with disruptions be determined?
   Answer: ASTHO, in collaboration with the CDC and the selected contractor, will determine which jurisdictions will be invited to participate in each cohort. The selected contractor will collaborate with ASTHO on outreach, enrollment, and communications with selected jurisdictions.

3. **Question:** Does the curriculum need to target specific disciplines or be open to all clinical professionals?
   Answer: The curriculum should be designed for all clinicians who prescribe and dispense controlled substances, including but not limited to physicians, nurse practitioners, physician assistants, and pharmacists. The contractor may tailor examples and discussions to support interdisciplinary learning and relevance across clinical settings.

4. **Question:** What are the expectations for evaluation and reporting?
   Answer: The contractor will collect participation metrics and qualitative feedback, and submit short progress summaries during the project period, along with a final summary report. At minimum, the contractor should collect session attendance, participant role or discipline, and all participant evaluation data (e.g., satisfaction and learning outcomes) and share those data with ASTHO after each cohort. ASTHO will approve the participation evaluation survey and report metrics to the CDC.

5. **Question:** This RFP's purpose is to train clinicians and healthcare providers. ASTHO's mission focuses on supporting state and territorial public health officials. Could you please clarify the expected relationship between the provider audience and ASTHO's public health members? Specifically, will ASTHO or its state/territorial

members play a direct role in recruiting provider participants for the two cohorts, or is the partner organization solely responsible for all provider recruitment?
Answer: When a disruption in access to prescription opioids or other controlled substances occurs, patients may be abruptly displaced from care, leaving them at heightened risk of unmanaged withdrawal, return of uncontrolled chronic pain, transition to illegal drug use, and ultimately, overdose. When a disruption occurs, state health agencies are often tasked with coordinating response efforts, which include identifying trained clinicians and healthcare providers to assist patients who have lost access to their healthcare provider. ASTHO supports this ECHO as part of a broader effort to enhance the readiness and capacity of state health agencies to respond to these disruptions. ASTHO, CDC, and the selected partner organization will be jointly responsible for provider recruitment and outreach.

6. **Question:** Could you elaborate on the 'Rapid Response' aspect of the title? The timeline indicates fixed dates for two cohorts (e.g., Cohort 1 in March-April 2026). Does 'Rapid Response' refer to the content of the curriculum (i.e., responding to disruptions) and the project's fast timeline, or does it imply that the ECHO model should be structured for on-demand activation after a specific disruption event occurs?
   Answer: The rapid response aspect of the program refers to the swift and coordinated actions that state health agencies take when a disruption in access to controlled substances occurs. This ECHO is designed to build readiness and strengthen capacity among clinicians and healthcare providers to respond effectively should such a disruption arise. The project will include two fixed cohorts, focused on preparedness and capacity building, and the ECHO does not have to be structured for on-demand activation in response to a disruption.

7. **Question:** To better understand the project's context, has ASTHO previously funded or implemented a similar "Rapid Response Opioid and Pain Management ECHO"? If so, is there an incumbent partner, and would any reports or evaluations from that work be available?
   Answer: ASTHO has worked with multiple ECHO providers related to various aspects of the opioid and overdose crisis over the past 8 years on a variety of projects. ASTHO will provide the selected contractor with guidance and support informed by lessons learned from earlier program efforts. While formal reports or evaluations from previous projects will not be shared as part of this RFP, ASTHO will draw on prior experience to offer practical insights and recommendations that help ensure a strong foundation for program implementation and reporting. See the answer to Question 4 above for more information about expectations for project evaluation.

8. **Question:** The RFP requires the partner to recruit participants for two cohorts. To develop an accurate budget for outreach and participant support, does ASTHO have a minimum or target number of provider participants per cohort?

Answer: The size and scope of each cohort will be determined collaboratively by ASTHO, the selected contractor, and CDC. While no minimum or target number of participants is specified at this time, applicants are encouraged to strike a balance between broadening the reach of the content and maximizing the effectiveness of each session, with particular emphasis on fostering interactive engagement.

9. **Question:** The timeline seems extremely ambitious for the development, implementation, evaluation, and replication (Cohort 1 and Cohort 2) of an ECHO program. As the statewide ECHO network in NC, we've found greater success in prioritizing more time for programmatic planning, particularly to ensure ECHO curriculum aligns with local needs and contexts. Has this timeline been adjusted, or are there considerations towards adjusting this timeline?
   Answer: The RFP seeks a contractor to implement two ECHO cohorts, each comprising approximately six sessions. While the project start and end dates are fixed, the estimated deadlines in the sample timeline provided in the RFP are flexible.

10. **Question:** Who are our priority learners and communities for these ECHO cohorts? The RFP mentions primary care settings, but are there specific professions or practices (e.g., FQHCs, local health departments) we should aim to engage? Are there data ASTHO suggests for determining priority communities to target learner outreach and recruitment?
    Answer: See answer to Question 3 above.

11. **Question:** Can you confirm the submission date?
    Answer: The deadline for proposals is Wednesday, November 26, 2025 by 5:00 PM ET.

12. **Question:** Are we required to use the ECHO platform for the cohorts' 6 sessions or can we use our own platform that replicates the functionality that ECHO provides?
    Answer: Applicants are not required to use the ECHO platform for these sessions. Any platform that replicates the functionality of the ECHO platform is acceptable.